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SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mentalhealthboardsf.org
www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, January 14, 2008 2008

City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

01-03-08AT1320.RD40

CALL TO ORDER

GOVERNMENT
DOCUMENTS DEPT

ROLL CALL

JAN - 8 2009

AGENDA CHANGES

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Item 1.0 DIRECTORS REPORT

For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public comment relevant to Item 1.0

Item 2.0 ACTION ITEMS

For discussion and action.

2.1 Public comment relevant to Item 2.0

2.2 Proposed Resolutions

2.2.a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of November 12, 2008 be approved as submitted.

2.2.b PROPOSED RESOLUTION: Be it resolved that the notes of the Mental Health Board Retreat of December 13, 2008 be approved as submitted.

2.2.c PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board Special Meeting of December 17, 2008, a Public Hearing on the Mental Health Services Act Prevention and Early Intervention Plan be approved as submitted.

2.2.d PROPOSED RESOLUTION: Be it resolved that the Mental Health Board priorities for the year 2009 be approved as submitted:

Goal #1: Further investigate mental health services and advocate for increased funds in the Southeast sector, and present findings to relevant stakeholders and policymakers for the City and County of San Francisco.

Goal #2: Outreach to community organizations such as the National Alliance on Mental Illness (NAMI), In Your Own Voice, to youth organizations, the media, newspapers, and blogs. Attend community meetings. Outreach to encourage people to seek mental health careers and participate in the Workforce, Development and Education Plan.

Goal #3: Investigate elderly issues like suicide prevention, socio-economic concerns, general safety, timely access to medical services and advocate for mental health services for the elderly.

Goal #4: Investigate mental health issues for veterans, including women veterans, through research and communications to advocate and collaborate with current stakeholders.

Item 3.0 REPORTS

For discussion and possible action.

3.1 Report from the Executive Director of the Mental Health Board.

3.2 Report of the Chair of the Board and the Executive Committee.

3.3 Report by members of the Board on their activities on behalf of the Board.

3.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

3.5 Public comment relevant to Item 3.0

Item 4.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.
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The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

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Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
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MENTAL HEALTH BOARD ATTACHMENT January 14, 2009

RESOLUTION (MHB-2009-1): MENTAL HEALTH PRIORITIES FOR 2009

BE IT RESOLVED, that the Mental Health Board of San Francisco adopts the following four items as its priorities for 2009:

Goal #1: Further investigate mental health services and advocate for increased funds in the Southeast sector, and present findings to relevant stakeholders and policymakers for the City and County of San Francisco.

Goal #2: Outreach to community organizations such as the National Alliance on Mental Illness (NAMI), In Your Own Voice, to youth organizations, the media, newspapers, and blogs. Attend community meetings. Outreach to encourage people to seek mental health careers and participate in the Workforce, Development and Education Plan.

Goal #3: Investigate elderly issues like suicide prevention, socio-economic concerns, general safety, timely access to medical services and advocate for mental health services for the elderly.

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UNADOPTED MINUTES

Mental Health Board

Wednesday, January 14, 2009

City Hall, Room 278

San Francisco, CA

GOVERNMENT
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FEB - 6 2009

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BOARD MEMBERS PRESENT: James L. McGhee (Chair); Jagruti Shukla, MD, MPH (Vice-Chair); James Shaye Keys (Secretary); Bridgett Brown; Officer Kelly Dunn; John Kevin Hines; LaVaughn Kellum King; Tom Purvis; Lisa Williams; and Virginia Wright.

BOARD MEMBERS ABSENT: M. Lara Siazon Arguelles; and Njoroge Tho-Biaz, MA;

BOARD MEMBERS ON LEAVE: Hale M. Thompson.

OTHERS PRESENT: Dr. Robert Cabaj, Director of Community Behavior Health Services (CBHS); Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator) and Roger Kat, Caduceus Outreach Services.

CALL TO ORDER

The meeting was called to order at 6:42 PM. by James L. McGhee, Chair.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

No agenda changes were made.

ITEM 1.0 DIRECTORS REPORT

Mr. McGhee: "Dr. Bob Cabaj, the Director of Community Behavioral Health Services (CBHS), will give the Director's report and then follow that with a presentation of the current state of budget cuts and its impact on services."

Dr. Cabaj: "As of January 1, 2009 Veterans are eligible for mental health services as mandated by the California Assembly Bill 3083 and the bill also amended the Welfare and Institutions Code, which recognized Post-Traumatic Stress Disorder (PTSD) as another behavior health illness. We may have veteran's administrators coming to 1380 Howard once a week to help veterans navigate the mental health system. The current main resources for veterans are at Fort Miley, at the end of Geary Boulevard. The Veteran Affairs (VA) just opened a new outpatient clinic near 2nd and Howard."

Governor Arnold Schwarzenegger, would like to have access to the Mental Health Service Act (MHSA) money, also known as Proposition 63. The governor is considering a \$226.7M cut in the General Fund. To make up the short-fall in the General Fund the governor would like to use the MHSA money to fund the Mental Health Managed Care program. Using the funds this way would violate the voter's will and it would take the passage of a voter's initiative for the MHSA money to be used this way. There are several components in the MHSA. The Workforce Development and Education Training (WET) plan was accepted by the state, and requests for proposals (RFPs) will go out soon. The Prevention and Early Intervention (PEI) plan will be submitted to the state next week."

Mr. Keys: "How much of the WET and PEI monies will go toward funding community based organizations (CBOs)?"

Dr. Cabaj: "All the WET money will go toward CBOs. The majority of the PEI money will go out to bid. There was a change in the allocation of PEI money for early psychosis programs and services."

Mr. Keys: "What is the RFP process?"

Dr. Cabaj: "A committee is composed of citizens, program members, stakeholders, and department staff who will evaluate issues and develop the RFP's. The contracts office works with the committee and also provides the training to RFP selection committee members."

Monthly Director's Report

January 14, 2008

1. Veterans Are Eligible For CBHS Mental Health Services

A new state law, AB3083 which took effect January 1, 2009, amended the Welfare and Institutions Code (Section 5600 - Target Population - Serious Mental Illness) to specifically stipulate that veterans in need of mental health services and who meet the existing eligibility requirements for public mental health services should not be denied services based solely on their status as a veteran, "Post-traumatic stress disorder" has also been added in the code as a specific mention of a serious mental disorder, qualifying individuals for county mental health services to the extent resources are available. The amended language also requires county mental health providers to advise veterans who may be eligible for mental health services under the US Department of Veterans Affairs and assist them in linking to those services, as well as consider contracting with veterans' services agencies, where possible, to provide high-quality veteran-specific services. CBHS central administration has started discussions with the regional U.S. Department of Veterans Affairs (Fort Miley) to begin facilitating access to behavioral health services for veterans at the VA.

2. Mental Health Service Act (MHSA) Update

COMMUNITY SERVICES AND SUPPORTS UPDATE

Program documentation reviews of all MHSA-funded agencies will begin in February 2009. These reviews will cover all services provided for the fiscal year ending on June 30, 2008, and will be conducted in conjunction with the Controller's fiscal monitoring review and CBHS contractual compliance reviews. The MHSA reviews will focus on financial and programmatic documentation to verify the accuracy of expenses reported in the monthly invoices and services reported either through the BIS system or through the agencies' internal productivity monitoring system.

GOVERNOR'S PROPOSED BUDGET REGARDING USAGE OF MHSA FUNDS

The Governor has proposed decreasing the General Fund in 2009-10 by \$226.7 million, by funding Mental Health Managed Care with Proposition 63 funds. Since this requires amending the non-supplementation requirement of the Mental Health Services Act, implementation of this proposal will require the holding of a special election and the passage of a voter initiative. No date has as yet been determined for a special election. The Mental Health Association has firmly opposed this proposal and acknowledges that much of it would require more deliberations before this proposed budget and/or voter initiative can be considered. They will be closely monitoring developments as they unfold.

INFORMATION TECHNOLOGY COMMUNITY PLANNING COMMITTEE'S FIRST MEETING

The first official meeting of the new I.T. Community Planning Committee will take place at The Village Community Center, 1099 Sunnydale Avenue, on Tuesday, January 13, 2009, from 3 pm to 5 pm. Members of the new committee will be introduced, and preliminary discussions will get underway on how best to make use of the \$4 million allotment earmarked for information technology improvements. The public is cordially invited to attend.

MHSA HOUSING

It was recently announced that construction of a 172-unit residential development at 220 Golden Gate Avenue will begin in the summer of 2009, with an estimated period of construction set for 18 to 24 months. Seventeen of the units will be designated for those with mental illness as part of the MHSA housing program. To qualify for this program, in addition to meeting all of the DAH requirements, a potential tenant must meet all MHSA criteria for mental illness and homelessness or at risk of homelessness. Rent levels for MHSA units will be set at 30% of tenant income. The MHSA contribution of \$3.4 million to the \$60 million construction budget breaks down as follows: \$1.7 million designated for construction costs, and \$1.7 million designated for operating subsidy.

MHSA ADVISORY COMMITTEE MEETINGS:

The Mental Health Services Act Advisory Committee meets bi-monthly from 3-5 pm, alternating between advisory meetings and community forums. The next scheduled meetings are:

Wednesday, February 18, 2009
Advisory Committee
1380 Howard Street
San Francisco, CA 94103

Thursday, April 16, 2009
Community Forum
TBD

3. Upcoming Training.

THE EYE OF THE STORM- Thursday, February 5 & Friday, February 6, 8:30am-4:30pm, San Francisco Federal Building. Mental health professionals are increasingly called upon to respond to large-scale, community-wide disasters. This workshop will provide participants with essential knowledge and skills for intervening effectively with mental health needs in the complex and intense aftermath of disaster. Topics will include types of disaster, trauma caused by disaster, risk groups, and phases of disaster recovery. Clinicians will learn how disaster mental health interventions differ from psychotherapy, and will learn effective mental health interventions to be used in a variety of disaster settings and time phases.

To register for this training, please contact **Norman Aleman, CBHS Training Coordinator** at 415-255-3553 or email norman.aleman@sfdph.org

Past issues of the CBHS Monthly Director's Report are available at:
<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

The Current State of Budget Cuts and Its Impact On Services

Dr. Cabaj: "We have a bad year. As you recall, we have already posted over \$14M in mid-year cuts to the Department of Public Health (DPH) by Mayor Gavin Newsom. The Mayor proposed a 5% cut across the board for all civil services and contracts, and a 25% cut in funding for substance abuse programs which will be implemented Feb 20, 2009.

The next round of budget cuts will more likely affect the administrative positions before cuts in mental health programs and services. At least sixteen layoff notices were sent out to CBHS staff with the mid-tier cuts just mentioned. If these people have seniority, they may qualify for other positions in the civil service system. The cut in positions includes a few mental health specialist but most are administrative and general.

Originally, Mayor Newsom first asked to cut \$27M. The additional cuts in the budget were due to the deficit in the San Francisco County's cash flow up to the end of 2008. CBHS had been asked for a disproportionate cut in General Fund cuts because the general fund is not evenly distributed in the Department. Substance abuse services have a higher proportion of General Fund money than other departments. There is some reserve funding acting as a back up for medical services. Tapping into the reserve may be needed before the end of the fiscal year.

DPH has now been asked to cut \$101M for fiscal year 09-10, with some of those cuts due by February 27th. As you know, substance abuse and mental health have a large share of General Fund, and roughly cuts in substance abuse and mental health could be as high as \$40M and \$60M, respectively. Some substance abuse programs obtained 100% support from federal funding for drugs Medi-cal services (primarily methadone-related services) and these substance abuse programs do not require any General Fund match so are not likely to be cut. For mental health, 60% of its General Fund is used for Medi-cal match, leaving only 40% that can be cut without losing revenue.

Dr. Mitchell Katz does not want to cut primary care, because he believes that primary care is the central hub of all services in the Department of Public Health (DPH). Some people believe that primary care could provide all of the behavioral health services needed in San Francisco. Many people feel, though, that our severely ill clients cannot be fully accommodated by primary care. Dr. Katz wishes to preserve the San Francisco General Hospital (SFGH) and the Laguna Honda Hospital partly due to bond requirements, as part of re-building these hospitals, and partly due to institutional regulations.

The combination of Governor Schwarzenegger's proposed decrease in the state's budget and of Mayor Newsom's cut in the funding for San Francisco will definitely impact programs and services.

From the state level, CBHS receives over \$200M for behavioral health services (including MHSA funding). At the county level, if the cut is too much and we couldn't meet the Medi-Cal service requirements, we could lose up to that amount of money. Many programs would have to cut back services or the whole program may be eliminated permanently. There may no other comparable programs or services to meet the demand for mental health services. In addition, some services do not cost the City much at all. For example, the Early Periodic Screening, Diagnosis and Treatment (EPSDT) is the funding used for serving children covered by Medi-Cal, and EPSDT only requires a 5% match in funding. Cutting children's services and programs may not make sense since we would loose great amounts of revenue besides loosing the services."

Ms. Brown: "I eschew cuts in mental health programs and services. Someone on the board ought to be at the State meetings, and someone from the State ought to come to our mental health board meeting. We need to be involved in the State budget process."

Mr. Hines: "Thank you Dr. Cabaj for sharing this information with the board. What are two or three specific things we can do to help save the behavioral health cuts?"

Dr. Cabaj: "Currently, there is pressure to integrate more mental health services with primary care and do away with some clinics, civil services, and contractors. All this could change because no one knows what the Board of Supervisors (BOS) is planning to do. So talking with Board members will help.

Activism at the state level could help; for example, veterans helped pass AB3083 successfully and got some of the medically covered codes modified, such as PTSD. We also still have on the table a cut in the City's General Funds for \$1.5M to mental health service for indigent clients except for indigent people who are seriously ill or in a crisis. The Board will need to hear that plan and agree to it."

Dr. Shukla: Given our current state of the economy, and what is going on in Sacramento, are there groups of people who can influence what programs or services get cut?"

Dr Cabaj: "That is a good question Dr. Shukla. Mayor Gavin Newsom has proposed the dollar amount; but the department heads decide what positions to cut. Barbara Garcia has set up a task

force of 50 people to solicit the public's inputs on substance abuse, mental health and health services network."

Mr. McGhee: "We have not been involved at the departmental budget level. MHB needs to get involved."

Dr. Cabaj: "You need to bring that issue up to Ms. Garcia. I believe she was planning to be as inclusive as possible but not have a group too large to actually accomplish its tasks. The Health Commission has also wanted to be part of the budget process. In terms of a budget issues, the Health Commission will begin to hear them February 3rd."

Dr. Shukla: "It seems a budget cut insidiously breeds preferential treatments like the "squeaky-wheel" groups get the most funding, of course, at the expense of the most needed people like those living in the southeast sector."

Ms. Brown: "We are paralyzed from doing anything when we get information afterward. How can the MHB get consulted and have some say in the budget cut process?"

Dr. Cabaj: "Another issue is that San Francisco has a strong labor union. There is a strong focus on priorities like children and women's services and programs for minorities and the homelessness. Administrative cuts will be inevitable and usually do not have a lot of public input. Departmental managers are the ones that make the administrative cuts before the clinical cuts are made."

Ms. Brown: "These cuts may eliminate most or all women's services if all programs are required to cut the same percentage."

Dr Cabaj: "You just alluded to a dilemma of whether an across-the-board cut or selective cuts should be made. There are two initiatives that would affect provision of mental health services for the southeast sector, because it is an underserved area.

The Mayor has a new task force being led by Dr. Sandra Hernandez for contractor overview and possible future consolidations, which can benefit developments for the Southeast sector. Also, we have done a lot of our work through contractors with multiple contracts in small amounts such as \$10K to \$20K. We are looking at re-grouping contracts into larger amounts with more services which will also benefit the Southeast. In addition, it may be time to go back to the old "district model" by having services much more focused on the local community and services packaged to meet the needs of that particular community, "braiding" contracts and civil service. There are a lot more agencies in the Tenderloin than in the Southeast sector. Maybe we need to shift resources to the Southeast sector to include services and programs for women and other affected groups. That is also another reason we are delaying the request for proposals (RFPs), to create community based programs, such as for the Southeast sector."

Ms. Brown: "As a consumer of the mental health system, I hope there are no cuts on the consumer end."

Ms. King: "My son was hospitalized for mental illness at SFGH, and he was put on psychiatric medications which required overnight stays. However, after two days, the hospital discharged him early. When I advocated for his further stay, a hospital administrator said regrettably that the hospital did not have a choice. Had I not been there to advocate for him and find alternative supportive services, he would have been released at best to a shelter and at worse onto the street. What happens to mentally ill patients who get early discharge while their heads are still under a fog of medication and they don't have family to care for them?"

Dr. Cabaj: "There are only two acute units at SFGH. 60% of the patients do not meet the acuity definition, so they are discharged as soon as possible. Now, a newly reconfigured non-acute unit is available to support some of those patients. Regarding the ethnic focus, SFGH will preserve all of its current focuses: LGBT, Asian, African-American, Latino, Women and HIV-infected."

Ms. Dunn: "I was recently at SFGH and learned from a Chinese psychologist that he was being laid off after being on the job for fifteen years. When I inquired about the acute and non-acute units, he said that there will only be one acute unit for all of San Francisco. Also, he mentioned that they do not need as much nursing staff to maintain a non-acute unit. I was appalled that one acute unit could take care of San Francisco!"

Dr. Cabaj: "I do not know anything about having one acute unit. Thank you for bringing it to my attention. I will follow up on this information."

1.2 Public comment relevant to Item 1.0

Mr. Roger Kat: He is from Caduceus Outreach Services. The program focuses on psychiatric care for the poor and the homeless. He stated that he has been a consumer and was on the mental health board himself. He said that if services are cuts then people will go to the emergency room at the hospital for care. This is more likely to overwhelm the emergency room at hospitals both in terms of staff and expensive resources. He urged Dr. Cabaj and the Mental Health Board to insure that Caduceus Outreach Services not be cut.

Dr. Cabaj: "The Mental Health Board can influence the San Francisco Board of Supervisors and the Health Commissioners. Both the old Board of Supervisors and the Health Commissioners were strong advocates of mental health issues. But there are several newly elected supervisors, who were elected in the November 2008 elections, and we do not know their positions on mental health. This advisory board can meet these supervisors to solicit their support in mental health services and programs."

ITEM 2.0 ACTION ITEMS

2.1 Public comment relevant to Item 2.0

No public comments.

2.2. Resolutions

2.2. a RESOLUTION (MHB -2009-1): Be it resolved that the minutes of the Mental Health Board meeting of November 12, 2008 be approved as submitted.

Resolution unanimously approved.

2.2. b RESOLUTION (MHB – 2009 – 2): Be it resolved that the minutes of the Mental Health Board retreat of December 13, 2008 be approved as submitted.

Resolution unanimously approved.

2.2. c RESOLUTION: (MHB – 2009 -3) Be it resolved that the minutes of the Mental Health Board Special Meeting of December 17, 2008, a Public Hearing on the Mental Health Services Act Prevention and Early Intervention (PEI) Plan be approved as submitted.

Resolution unanimously approved.

2.2. d RESOLUTION: (MHB – 2009 -4) Be it resolved that the Mental Health Board priorities for the year 2009 be approved as submitted:

Goal #1: Further investigate mental health services and advocate for increased funds in the Southeast sector, and present findings to relevant stakeholders and policymakers for the City and County of San Francisco.

Goal #2: Outreach to community organizations such as the National Alliance on Mental Illness (NAMI), In Your Own Voice, to youth organizations, the media, newspapers, and blogs. Attend community meetings. Outreach to encourage people to seek mental health careers and participate in the Workforce Development and Education Plan.

Goal #3: Investigate elderly issues like suicide prevention, socio-economic concerns, general safety, timely access to medical services and advocate for mental health services for the elderly.

Goal #4: Investigate mental health issues for veterans, including women veterans, through research and communications to advocate and collaborate with current stakeholders.

ITEM 3.0 REPORTS

3.1 Report from the Executive Director of the Mental Health Board.

- January 23, 2009: Ms. King and former Mental Health Board member, Dr. Toye Moses will be meeting with program directors and community leaders in the Southeast Sector to discuss possible collaborations for seeking funding.
- January 26 - 29, 2009 is the next Police Crisis Intervention Training (PCIT).

3.2 Report of the Chair of the Board and the Executive Committee:

Mr. McGhee: "The Executive Committee would like to expand the committee to have more representation from the board. First, I would like to appoint LaVaughn Kellum King as Chair for the Southeast Sector Outreach and RFP Planning Committee. This would automatically put her on the Executive Committee as a committee chair. Second I would like to appoint Lara Arguelles to the Executive Committee as a member at large. If there is anyone else who would like to serve on the Executive Committee, please let me know. It would require that you attend two meetings per month.

I am on the California Local Mental Health (CALM) board and will go to Ontario, CA to make reports.

The State of California Governor is contemplating a consolidation and reorganization of boards, and many people are questioning the timing as suspect. For example, the California Board of Psychology will close two days a month. Many boards oppose any consolidation."

3.3 Report by Members of the Board on Their Activities on Behalf of the Board.

Ms Dunn: "San Francisco and San Jose offer crisis intervention training for the police force and fire department personnel. I will be working closely with Ms. Brooke on the upcoming PCIT training."

Ms. Brown: "I got a call from the Community Awareness Treatment (CAT) center, which provides services for the most at risk homeless individuals, suffering from multiple problems, to speak to clients on social security income (SSI) and state disability income (SDI) entitlements."

Mr. Keys: "I spoke with President David Chiu who is the new president of the Board of Supervisors and Supervisor John Avalos on mental health issues and on working with them on the budget."

Ms. King: "On Monday 1/12/2009, Helynna and I attended the emergency services preparation presentation in the Southeast sector. I discovered how few services are available. Two Walgreens are there for resources in an emergency. Scarce psychiatrists are available to help with mental health traumas in an emergency. Two churches are being retrofitted for earth quake. Two pediatricians could be at risk for malpractice lawsuits if they treat adults in an emergency."

Mr. Hines: "I attended a meeting in San Antonio, TX. In front of 800 people I spoke about mental health issues. I will also speak in the future to military people who will be deployed to the Iraq and Afghanistan wars."

3.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Dr. Shukla: "We just heard from Dr. Cabaj about Governor Schwarzenegger's interest in the MHSA money. I would like to refer to the Executive Committee that the board look into how a special election on Proposition 63 might change MHSA focus."

Dr. Cabaj: "A voter's initiative could be put forth in a special election. The change could determine whether or not the governor can access the MHSA money and how he can determine the use of the money."

Mr. Keys: "I would like the board to write a response that opposes Governor Arnold Schwarzenegger taking the MHSA money."

Ms. King: "We need to call the San Francisco Board of Supervisors and inform them of the governor's intention to take MHSA money."

Mr. McGhee: "There are four new supervisors and we can educate them."

3.5 Public comment relevant to Item 3.0

Mr. Kat: He mentioned that the Caduceus Outreach Services was very involved in establishing the crisis training for the police.

ITEM 4.0 PUBLIC COMMENT

No public comments.

Adjournment

Meeting adjourned at 8:29 PM.

SAN FRANCISCO MENTAL HEALTH BOARD



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Mayor

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, February 11, 2009

City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 - 8:30 PM

CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT

For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public comment

Item 2.0 PRESENTATION: COMMUNITY BEHAVIOR HEALTH SERVICES ACCESS PROGRAM, Craig Murdock, Director

For discussion.

2.1 Presentation: Community Behavior Health Services Access Program, Craig Murdock, Director

2.2 Public comment

02-06-09A08 (3) RWD

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Item 3.0 ACTION ITEMS

For discussion and action.

3.1 Public comment

3.2 Proposed Resolutions

3.2.a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of January 14, 2009 be approved as submitted.

Item 4.0 REPORTS

For discussion and possible action.

4.1 Report from the Executive Director of the Mental Health Board.

4.2 Report of the Chair of the Board and the Executive Committee.

4.3 Report by members of the Board on their activities on behalf of the Board.

4.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

4.5 Public comment

Item 5.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San

Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics.

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
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UNADOPTED MINUTES

Mental Health Board

Wednesday, February 11, 2009

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: James L. McGhee (Chair); Jagruti Shukla, MD, MPH (Vice-Chair); James Shaye Keys (Secretary); Tom Purvis (telephone conference); Njoroge Tho-Biaz, MA; Hale M. Thompson; and Virginia Wright.

BOARD MEMBERS ABSENT: John Kevin Hines; Officer Kelly Dunn; LaVaughn Kellum King;

BOARD MEMBERS ON LEAVE: M. Lara Siazon Arguelles; Bridgett Brown; and Lisa Williams.

OTHERS PRESENT: Dr. Robert Cabaj, Director of Community Behavior Health Services (CBHS); Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Craig Murdock, MPH, Program Director of Behavior Health Access Center (BHAC); Naomi Marcus, UCSF – Psychiatry; Errol Wishom, MHB Applicant, UCSF Citywide; Ralph Fenn, Family Service Agency (FSA).

CALL TO ORDER

The meeting was called to order at 6:40 PM. by James L. McGhee, Chair.

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ROLL CALL

Ms. Brooke called the roll.

MAR - 5 2009

AGENDA CHANGES

No agenda changes were made.

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ITEM 1.0 DIRECTORS REPORT

Mr. McGhee: "Dr. Bob Cabaj, the Director of Community Behavioral Health Services (CBHS), will give the Director's report and then follow that with a presentation of the current state of budget cuts and its impact on services."

Dr. Cabaj: "We have been reminded of client confidentiality. This means privacy issues are applicable to former clients and patients including the deceased, as well."

The Behavior Health Court (BHC) program is very effective, according to a study that began in 2005. There will be a special presentation on Wednesday May 20, 2009 at the Sheriff's Conference Room. The address is 425-7th Street, San Francisco.

We just reported the unduplicated client counts from October to December 2009, as mandated by the Mental Health Services Act (MHSA). The report shows three general groups: Full Service Partnership (FSP), General System Development, and Outreach, and the total count is 5,714 unduplicated clients served.

The Prevention and Early Intervention Plan (PEI) is being reviewed by the State Department of Mental Health (DMH), meaning the State has 30 days to approve the Plan. Today, the San Francisco Board of Supervisors was presented with the PEI Plan."

Mr. Keys: "I learned that you submitted a special resolution to Supervisor Avalos regarding opposition to the governor taking the Proposition 63 (MHSA) money to balance the state budget.

Dr. Cabaj: "Every organization is against that. I appreciate your support on not allowing the governor to take the Proposition 63 money.

Mr. Keys: "Can you report back to us when you will be creating the Request for Proposal (RFP) task force?"

Dr. Cabaj: "Yes, I have planned to keep the board abreast of the progress. I believe it should start this March."

Monthly Director's Report

January 14, 2008

Private Policy

Please distribute widely.

There was a recent and serious breach of confidentiality by individuals both within DPH and our contractors/affiliates. Please review the following privacy reminders regarding protected health information about our clients and patients. If your program works with contractors, affiliates or partners with Memorandum of Understandings (MOUs), please take time to remind them of the importance of adhering to DPH privacy policies, especially when talking to reporters.

Please note, per DPH Privacy Policy:

Directive to DPH workforce, contractors, affiliates, partners with MOUs with the DPH:

- No information may be released about mental health and substance abuse clients (including their presence in the facility or program). [Please note this includes current, past, and deceased clients.]
- HIV test results may not be released.

Directive to DPH Workforce:

- You must consult the DPH Public Information Officer before speaking to the press (554-2507).
- Due to the sensitive and legal implications surrounding patient's rights and their confidentiality, you must also confer with your Privacy Officer before speaking to the press about any identifiable client or patient.
- Please note: If you are contacted by the media or the Public Information Officer regarding a client, do NOT refer them to the program where the client is/was engaged (essentially "outing" the individual as a client of behavioral health services). Media referrals may be made to programs for their general expertise, but not to respond to media questions about identifiable clients.

Further information inside DPH intranet: <http://dphnet/Privacy/default.htm>

Further information outside DPH public website:

<http://www.sfdph.org/dph/comupg/oservices/medSvs/HIPAA/default.asp>

If you have any questions, please feel free to contact your DPH Privacy Officer:

DPH Privacy Board:

- Cheryl Austin, Laguna Honda Hospital 759-2349
- Frank Kuziel, SFGHTC Campus 206-6210
- Dan Kelly, Human Services Agency 557-5871
- Pat Skala, Information Systems Department 206-8945
- Doug Eckman/ Sue Carlisle, SFGH/UCSF Dean's Office 206-3195
- Joe Goldenson, Jail Medical Services 995-1701
- Kathy Murphy, City Attorney's Office 206-2380
- Maria X Martinez, Community Programs, EMS, and all DPH affiliate/contractor programs not covered above 255-3706
- Chair, Deborah Sherwood, For Research in Community Programs 255-3435

1. SF Behavioral Health Court is Effective

A study of San Francisco's Behavioral Health Court that began in 2005 is concluding its first phase, showing positive outcomes. The study sought to determine the effectiveness of mental health courts (MHC) in improving public safety outcomes and treatment engagement among people enrolled in these specialty courts. The study includes 4 sites – San Francisco and Santa Clara Counties in California, Hennepin County (Minneapolis) in Minnesota, and Marion County (Indianapolis) in Indiana. These 4 sites were chosen in part because they meet the overall criteria for what comprises a mental health court. In each site, the researchers interviewed and followed a sample of MHC subjects and a similar sample of “treatment as usual” (TAU) jail subjects – those who met the criteria for MHC but were not enrolled. Other objective data on treatment received, jail stays, and arrests were also collected for all subjects in the study.

Preliminary findings indicate that arrests in the 18 month follow-up period are significantly reduced for MHC clients as compared to the TAU samples in all 4 mental health courts. This is especially true for arrests involving a person, in distinction to property crime. In addition, the study has found that in all 4 sites, the time between release from jail on the target arrest and time to re-arrest is longer for MHC clients than for TAU clients. In terms of jail stays, MHC clients experience a significant reduction in the number and length of jail stays compared with TAU clients. Of additional interest is the finding that MHC clients report more community treatment engagement than do TAU clients. While it is not possible at this time to form a cause/effect relationship between treatment and improvement in public safety outcomes for MHC clients, the relationship is important and being further explored.

Two of the researchers, Henry J. Steadman, Ph.D. and Lisa Callahan, Ph.D., from Policy Research Associates, Inc. will present findings from the national study with a spotlight on San Francisco on May 20, Wednesday, 12 noon - 1:30 pm at the Sheriff's Conference Room - County Jail # 8, at 425 7th St., 1st floor, San Francisco.

Continued funding has been received from the John D. and Catherine T. MacArthur Foundation for the second phase of the research to study the costs of mental health courts, comparing the costs and benefits of the specialty courts with typical criminal court procedures for these defendants. The continued cooperation and partnership with all 4 sites will expand our knowledge about the beneficial effects of mental health courts as well as the financial costs and benefits of these specialty courts.

3. Mental Health Service Act (MHSA) Update

UNDUPLICATED CLIENT COUNTS FOR THE SECOND QUARTER IN FISCAL YEAR 2008-2009

Counties are mandated to report their unduplicated client counts every quarter to the Department of Mental Health. To date, all of the MHSA funded agencies have met their projections for the second half of the fiscal year. The recent count for San Francisco is reflected in the following table:

Mental Health Services Act
Unduplicated Client Count
October - December 2009

	Full Service Partnership	General System Development	Outreach
Children Youth and Families	204	329	1,156
Transitional Age Youth	46	418	191
Adult	282	1,128	1,064
Older Adult	40	607	249
TOTAL	572	2,482	2,660

CLARIFICATIONS REGARDING ALLOWABLE USE OF FULL SERVICE PARTNERSHIP (FSP) FUNDS FOR FY 2009/10

The Department of Mental Health (DMH) will issue guidelines effective immediately which clarify expanded interpretation of FSP definition of priority population. In this new interpretation, the following individuals would now be eligible for FSP services: (1) Individuals currently living in Board and Care homes and residential care facilities for the elderly (RCF-E); (2) Individuals/families who would be otherwise homeless or at risk of homelessness if they did not have their extended family caregivers and/or other caregivers; (3) Individuals/families who met the initial criteria for intensive case management at entry in the FSP and no longer need the same level of intensive services may remain in FSP programs; and (4) Individuals entering FSPs can enter at any level of or with an array of services that meet their wants/needs as long as regulations are met.

For Child and TAY (Transitional Age Youth) FSPs, guidelines have also been expanded to include (1) Children/families who have no sources of funding for mental health services; (2) Children/families who are eligible for funding services such as EPSDT or AB3632 funding but need/want services beyond those funded under these sources; (3) Children/families who have full funding for children's services but who do not have other funding for services for needs/wants of parents/caregivers.

What this means is that larger numbers of programs, services, and client populations will now qualify for funding under the Mental Health Services Act. With restrictions lifted and elimination of tiered services set to begin, an argument can be made that this constitutes a violation of the letter and intent of the original Proposition 63 language. However, in an era of deepening budget deficits and projected revenue shortfalls, the spirit of making available services to as many deserving clients as possible can now be achievable within the expanded parameters of the Act.

PREVENTION AND EARLY INTERVENTION PLAN MOVES FORWARD

The San Francisco Prevention and Early Intervention (PEI) Plan has been sent to the Department of Mental Health for review. The DMH has 30 days to approve the Plan, followed by a 60-day review process by the Mental Health Oversight and Accountability Commission. Simultaneously, the San Francisco Board of Supervisors will be presented with the Plan on February 11, 2009, submitted for their approval. The entire review and approval process should be completed, hopefully, by early June.

INFORMATION TECHNOLOGY (IT) COMMUNITY PLANNING COMMITTEE
CONTINUES TO MAKE PROGRESS

The second meeting of the Information Technology Planning Committee took place on January 29, 2009, at RAMS HireAbility, 1234 Indiana Street, from 3-5 pm. The purpose of this meeting was to brainstorm new and innovative ideas regarding the usage of the anticipated funding for IT purposes, to be analyzed and considered by the committee for inclusion in the finalized Plan. Dates reserved for future meetings include Tuesday, February 24; Tuesday March 10; and Tuesday, March 24; with the locations as yet to be determined. The public is cordially invited to attend. To receive more information as it becomes available, please contact Frank Isidro, Co-Chair, (415) 255-3572, frank.isidro@sfdph.org

CAPITAL FACILITIES PLANNING COMMITTEE PROCESS SET TO BEGIN

Three meetings of the Capital Facilities Planning Committee are set to take place on Tuesday, February 24, 11:30 am – 1 pm, at Friendship House, 56 Julian Street; Thursday, February 26, 9 – 11 am, Location:TBD; and Friday, February 27, 3 – 5 pm, Location: TBD. Further information will be posted as it becomes available.

MHSA ADVISORY COMMITTEE MEETINGS:

The Mental Health Services Act Advisory Committee meets bi-monthly from 3-5 pm, alternating between advisory meetings and community forums. The next scheduled meetings are:

Wednesday, February 18, 2009
Advisory Committee
1380 Howard Street
San Francisco, CA 94103

Thursday, April 16, 2009
Community Forum
TBD

4. Upcoming Training.

AFRICAN AMERICAN ISSUES IN HEALTH IX- Friday, February 20, 2009

Saint Mary's Conference Center. The African American Issues in Health IX conference will highlight cultural competency for African Americans throughout a continuum of care. Clinicians and practitioners will reflect on how historical and personal beliefs impact the engagement and treatment of African American clients and their overall plan of care.

The conference will focus on existing and emerging best practice strategies for providing culturally appropriate health services for African American consumers and family members and identify ways for African Americans in San Francisco to access the most effective care that promotes wellness, recovery, and resiliency. Registration for this conference is closed.

**For more information on upcoming trainings and conferences, please contact
Norman.Aleman, CBHS Training Coordinator at 415-255-3553 or email
norman.aleman@sfdph.org**

Past issues of the CBHS Monthly Director's Report are available at:

<http://www.sfdph.org/dph/comupg/0services/mentalHlth/CBHS/CBHSdirRpts.asp>

To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

The Current State of Budget Cuts and Its Impact on Services

Dr. Cabaj: "As I mentioned at the January 14th meeting, I would like to keep the board abreast of the budget cuts and its impact on services.

The Obama administration is in the final process of an economic stimulus package. We expect the coming funds from the federal government to match funding for Medical. California has the lowest federal fund matching in the Union. California currently receives only fifty-cents per dollar in Medical match. But the State could receive a 30% increase to sixty-five cents per dollar, after the Federal government's economic stimulus package is passed. This increase is on par with most of the other states in the Union. We could get a permanent match of \$9M-\$17M per year.

At the San Francisco City and County level, the budget cut has reached \$50M. Beyond that amount; there is a contingency amount that also might be cut. The Health Commissioners heard a round of cuts at last Tuesday's meeting, on February 10, 2009, and will hear more about cuts next Tuesday. The proposed budget, including the details, should be available on the Department of Public Health (DPH) or the Health Commission web sites this Friday, February 13, 2009.

In this second budget cut, fewer services are needed to be cut. This is a way to keep the same case manager for a client, through whatever program they go to. However, the methadone detoxification program was eliminated. The decision to cut this program was partly due to lack of success, because we have found that clients respond to treatment better with the methadone maintenance program. There were also reduced cuts to the Westside Clinic, which contains Westside Crisis and Westside Outpatient Clinic. Administrative cuts were necessary to preserve mental health services and clinical staff.

Dr. Shukla: "How much are the cuts to CBHS?"

Dr. Cabaj: "There is about \$20M. A majority of the cuts were in administration. There was a 5% cut across the board in mental health services and a 25% cut for substance abuse services because they are primarily funded by the general fund."

Dr. Shukla: "Are there other programs being cut in entirety?"

Dr. Cabaj: "I do not recall any specific names because there are irresolvable conflicts in deciding which programs to be eliminated. I know discussions have been mostly about cutting the outreach modality as another option. The hope is that new money for prevention would be allocated to provide better use of scarce resources."

Mr. Purvis: "Are there further cuts expected next year?"

Dr. Cabaj: "There is an expectation of another year of recession. We can only have contingency plans. It is probable that we might be able to coast to the next year with minimum cuts. There is an ongoing restructuring of primary care. Next year's budget is an ongoing planning process."

At this time, the State's budget crisis has not yet resolved. Cash flows are still the big issue. Legislators are negotiating.

There have been other considerations for generating revenues, possibly for some programs such as Iris Center to be able to bill Medical. We are looking at generating revenue by doing MediCal billing to off set costs and keep Iris accessible."

Mr. Keys: "Thank you for your presentation on the budget. I have been meeting with Dr. Mitch Katz and San Francisco Supervisor John Avalos. Your presentation seems brighter than what I have been hearing. Thank you for trying to maintain a safety net for those in need."

Dr. Cabaj: "In underserved communities, there are too many families not to mention the uninsured and underinsured who need access to services. I want to ensure that we offer quality prevention, education, and behavioral health services to the people of San Francisco."

Mr. Keys: "What is the time frame we can expect from the Federal government's economic stimulus package?"

Dr. Cabaj: "The Wall Street Journal has been reporting about the \$787 billion stimulus bill. I am hoping to notice the benefits from the bill in the spring. And I hope the funding will be retroactive back to October 2008."

1.2 Public comment relevant to Item 1.0

No public comments.

ITEM 2.0 PRESENTATION: CBHS ACCESS PROGRAM by Craig Murdock, MPH, Program Director

2.1 Presentation:

Mr. Murdock: "I'm the director of the Behavior Health Access Center (BHAC). BHAC moved in on September 1, 2008 to the first floor of 1380 Howard. BHAC is co-located with five integrative programs to provide behavior health services designed to be holistic. The programs are Treatment Access Program (TAP); Mental Health Access Program (MHAP) which is a private provider network and has received support from DPH; Buprenorphine Induction Clinic, which provides

treatments for opiate addiction; Narcotic Replacement Treatment (NRT), which provides methadone replacement for people who were discharged from San Francisco General Hospital (SFGH); and the CBHS pharmacy, which is a complementary program to dispense medications.

Prior to opening BHAC, there was very little patient-interaction or face-to-face consultations at 1380 Howard. There were unfounded fears in the building regarding clients wandering around the building, which has been functioning primarily as the administrative center for accounting, contracts and grants. It was a challenge integrating into the building due to security concerns. But most of those concerns were ameliorated.

BHAC is co-existing as the one-stop center for mental health services on the first floor and clients are not wandering through other floors to obtain services because the first floor is dedicated to mental health care and treatment. On the first day of the opening, we saw 52 patients face-to-face.

We had an incidence today, and the San Francisco police took a person into custody and delivered that person to San Francisco General Hospital. There were no concerns from the neighbors.”

Mr. Keys: “Is there support training for staff at 1380 Howard like the Police Crisis Intervention Training (PCIT) program?”

Mr. Murdock: “We are trying to create an environment on the first floor that works well for clients where they mostly do not need to go to other floors because all the programs and pharmacy are located on the first floor. We saw 621 unduplicated clients seeking substance abuse and mental health services.

The Mental Health Board had heard of complaints about mental health access. Several years ago, the City experienced failures from the program, lack of funding partly contributed to the problem. Another was that most of the staff were from other City departments, and there were some troubled staff. We took corrective steps and implemented guidelines. There were terminations and some grievances filed. We managed to secure two additional eligibility workers to generate more revenue.

There is still a considerable amount of work left to do. They are working on reducing the number of dropped telephone calls. The drop rate has reduced by 44%. The other is reducing wait-time by having everyone pick up calls and forward clients' messages to appropriate personnel. The wait time has reduced from 22 minutes to 4 minutes.

Since October 2008, we have people seeing patients face to face rather than telephonically. Patients in crisis can sit with counselors or social workers who can do assessments and can place patients into appropriate services. We are working on training as another way to increase clinical depth for staff on both mental health and substance abuse issues.”

Mr. Keys: “Thank you for being candid with the board. How does the inclusion of Healthy San Francisco affect BHAC now?”

Mr. Murdock: “We do not have primary care officially, meaning we include medical depth for patients with primary care concerns. We have the capability to enroll people in Healthy SF and to help people extend their 20 session therapy. The 20 session limit has been a big challenge.”

Dr. Shukla: “I appreciate you remembering the board's concerns. Can you talk more about how people have access to staff for services, including patients' access to the program itself? Also, what percentage of the people walking in for help actually receive mental health services?”

Mr. Murdock: "We have over 600 clients with an average of five walk-in clients per day. That average does not include people who stopped by with questions. We have had 1700 duplicated clients."

Dr. Shukla: "What percentage of clients coming in is not connecting to services?"

Mr. Murdock: "Our policy is to make sure that clients leave with at least a referral, whether for a pre-treatment group or placement. Sometimes there are waiting lists such as residential care. We also have system navigators who work part-time to escort clients to nearby appointments. For example, we go with clients to the Social Security Administration (SSA) to help them get social security income (SSI). There were times we escorted them to the Department of Motor Vehicles (DMV) to obtain personal identification cards.

In substance abuse treatment, we have not succeeded in yielding revenue. We are working on ways to do that."

Mr. Purvis: "What services are reimbursable?"

Mr. Murdock: "We receive very little reimbursement from Medical and SSI for providing mental health services."

Ms. Wright: "What kind of eligibilities?"

Mr. Murdock: "We can inquire about ability to pay for services, but we do not deny services to indigent people. We have 27 staff who can speak 11 languages. We believe in "any door the right door" for individuals in need of treatment of substance use and/or mental health treatment."

2.2 Public comment relevant to Item 2.0

No public comments.

ITEM 3.0 ACTION ITEMS

3.1. Public comment

No public comments.

3.2. Resolutions

3.2. a RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of January 14, 2008 be approved as submitted.

There was no quorum so no vote was taken.

ITEM 4.0 REPORTS

4.1 Report from the Executive Director of the Mental Health Board.

- Ms. Brooke provided a list of ten programs to review and asked that board members indicate programs they would like to review.
- She will be setting up appointments with San Francisco Supervisors for board members to meet with them.

- Friday February 13, 2009 is the next Southeast Funding Group meeting at 1800 Oakdale, San Francisco. LaVaughn Kellum King chairs the meeting and board members are welcome to attend.

4.2 Report of the Chair of the Board and the Executive Committee:

Mr. McGhee: "I attended a non-profit breakfast at the City Club. I also participated on The Workgroup 6 - CBOs which is a community focus group evaluating the merger of CBOs and their effects on services and community. There were close to 100 people there, and people broke out into six different groups. Some major concerns were funding cut-backs and multi-cultural programs being eliminated."

4.3 Report by Members of the Board on Their Activities on Behalf of the Board.

Mr. Keys: "I have been following up with Barbara Garcia who is the Deputy Director of Health for the DPH. Her staff have not yet responded to my request to participate on various committees so I can be part of the DPH budget process."

4.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Mr. McGhee: "I would like to invite the four new supervisors to come to speak to our board."

Dr. Shukla: "I would like to learn more specifically about what programs are being cut. I need to be able to evaluate the impact of these cut and how the cuts affect services. I am concerned that some programs may become eliminated and become extinct."

Mr. Keys: "I would like to explore strategic options on how we can advocate to state legislators to distribute Proposition 63 money to California counties before the governor gets it."

4.5 Public comment relevant to Item 3.0

No public comments.

ITEM 5.0 PUBLIC COMMENT

No public comments.

Adjournment

Meeting adjourned at 8:29 PM.

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, March 11, 2009
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

02-05-09 08:19 RCV/DP

CALL TO ORDER

GOVERNMENT
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AGENDA CHANGES

MAR - 5 2009

Item 1.0 DIRECTORS REPORT

For discussion.

SAN FRANCISCO
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1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

Item 3.0 PRESENTATION: IMPACT OF TRAUMA AND STRESS ON PHYSICAL HEALTH, Nadine Burke, M.D., M.P.H., Bayview Child Health Center, California Pacific Medical Center.

For discussion.

3.1 Presentation: Impact Of Trauma And Stress On Physical Health, Nadine Burke, M.D., M.P.H., Bayview Child Health Center, California Pacific Medical Center.

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 Proposed Resolutions

4.2.a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of January 14, 2009 be approved as submitted.

4.2.b PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of February 11, 2009 be approved as submitted.

4.2.c PROPOSED RESOLUTION: Be it resolved that the Mental Health Board commends Carolyn Kaufman, Director of Mobile Crisis Treatment Team.
(Attachment A)

4.2.d PROPOSED RESOLUTION: Be it resolved that the Mental Health Board honors Claudia Lebish, for her advocacy for the mentally ill. (Attachment B)

Item 5.0 REPORTS

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

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5.5 Public comment

Item 6.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

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KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mbh@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

UNADOPTED MINUTES

Mental Health Board

Wednesday, March 11, 2009

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: James L. McGhee (Chair); Jagruti Shukla, MD, MPH (Vice-Chair); James Shaye Keys (Secretary); Officer Kelly Dunn; LaVaughn Kellum King; and Lisa Williams; Hale M. Thompson; Virginia Wright, Mary Ann Jones, PhD; and Errol Wishom

BOARD MEMBERS ON LEAVE: M. Lara Siazon Arguelles; Tom Purvis; Njoroge Tho-Biaz; Bridgett Brown; and John Kevin Hines.

OTHERS PRESENT: Dr. Robert Cabaj, Director of Community Behavior Health Services (CBHS); Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Perry Lang, Health and Wellness Network, Black Coalition on AIDS; Laura Barber; Visitacion Valley, Carolyn Kaufman, Director, Mobile Crisis Treatment Team and Evelyn Daskalakis, Urban Services YMCA.

CALL TO ORDER

The meeting was called to order at 6:43 PM. by James L. McGhee, Chair.

ROLL CALL

Ms. Brooke called the roll.

GOVERNMENT
DOCUMENTS DEPT

AGENDA CHANGES

No agenda changes were made.

APR - 2 2009

ITEM 1.0 DIRECTORS REPORT

Mr. McGhee: "Dr. Bob Cabaj, the Director of Community Behavioral Health Services (CBHS), will give the Director's report and then he will follow that with a presentation of the current state of budget cuts and its impact on mental health services."

Dr. Cabaj: "The California External Quality Review Organization (CAEQRO) is going on in the next two days, March 11-13. I will report back on their results and recommendations sometime soon in the future.

The Proposition 1E required the May 19, 2009 special election. Governor Arnold Schwarzenegger would like to tap into the Mental Health Services Act (MHSA) money for California's Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT)."

Monthly Director's Report

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March 11, 2008

1. CAEQRO Review

APS Healthcare will be visiting San Francisco for their fifth yearly external quality review site meeting (known as the CAEQRO) on March 11-13, 2009. The CAEQRO review is an evaluative process of the overall service delivery system as it relates to organization and structure, quality improvement, performance management, business practices, and progress towards strategic goals over the past year. Discussions will focus on the CBHS's utilization of data, specific reports and activities designed to manage and improve the access, timeliness, quality, and outcomes of services. Details of the results and recommendations of the CAEQRO will be presented in future director's reports.

2. Mental Health Service Act (MHSA) Update

**SPECIAL ELECTION, TO BE HELD ON MAY 19, TO INCLUDE PROPOSITION 1E,
REGARDING THE DIVERSION OF MHSA FUNDS**

A special election is scheduled to be held on May 19, 2009, as part of the budget package as agreed upon by the California state legislature and signed into law by the Governor. State Senate President pro Tempore Darrell Steinberg has written an argument in favor of the passage of Proposition 1E, which seeks to divert funds from the Mental Health Services Act account to the state's Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) program for the next two years. In part, he writes, "Proposition 1E will save the state's General Fund over \$225 million in 2009-10 and up to \$234 million in 2010-11 by redirecting funds from the Proposition 63, I support diverting funds only as a last resort to help balance the budget this year. The success of Proposition 63 has saved the state hundreds of millions of dollars in unnecessary hospital and prison costs and reversed decades of neglect for people living with mental illness. Nonetheless, delays in redirection of funds at a time when we face an economic crisis like we have never seen before. This should not be a precedent for diverting Proposition 63 funds in the future. The focus is now on finishing our work to close the budget gap."

(SEE ATTACHMENT 1)

MHSA ANNUAL PLAN UPDATE FOR FY 09-10

On Wednesday, March 11, 2009, the Mental Health Board meeting, from 6:30-8:30pm, will feature a hearing on the MHSA Annual Plan Update for FY 09-10. Also included on the agenda is a request for funding for the Community Supports and Services and Workplace Development, Education, and Training components of the coming year's Plan. The public is invited to attend.

CAPITAL FACILITIES PLANNING COMMITTEE PROCESS CONCLUDES

Three meetings of the Capital Facilities Planning Committee took place on Thursday, February 24, Thursday, February 26, and Friday, February 27. A formal Plan has been posted on the DPH website at <http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/mnu30-DayNotice.asp>. A public hearing will be held at the April Mental Health Board meeting.

Further information will be posted as it is available. The public is invited to submit comments on the plan.

CALIFORNIA STRATEGIC PLAN FOR MENTAL HEALTH STIGMA AND DISCRIMINATION

You are invited to attend a public workshop to provide input on the draft California Strategic Plan on Reducing Mental Health Stigma and Discrimination. The California Department of Mental Health is holding a Northern California Workshop at the Hilton Garden Inn, 1800 Powell Street, in Emeryville, California, on Tuesday, March 17, 2009, from 1:00-4:00pm. Public transit accessible by BART, Amtrak, and bus.

MHSA IT UPDATE

The final stages of the MHSA IT Planning Committee meetings are well-underway. The various stakeholders have generated ideas during a previous brain-storming session of what to include in this phase of the Mental Health Services Act. At this point, costs have been calculated for each idea and will be reviewed at the committee meeting, to be held on Tuesday, March 10, 2009. The Committee will choose the ideas that have the most impact and will apply a litmus test which includes a series of questions such as feasibility, sustainability, adequate funding, etc. to narrow down the list. The last meeting will be on March 24, 2009 in which the Planning Committee members have an opportunity to submit a final vote on what to be funded.

MHSA ADVISORY COMMITTEE MEETINGS

The Mental Health Services Act Advisory Committee meets bi-monthly from 3-5pm, alternating between advisory meetings and community forums. The next scheduled meeting is: Thursday, April 16, 2009, Community Forum, Location: TBD

At the last meeting of the MHSA Advisory Committee, it was announced that the state has changed their guidance to counties about funds for Stigma Reduction, Student Mental Health, and Suicide Prevention. Previous direction from the state required counties to re-assign county funds back to the state in order to fund state-directed initiatives on these issues. Although the state still strongly urges counties to assign these funds, assignment is now not required. Based on this change, the MHSA Advisory Committee voted that San Francisco not assign these funds to the state, but keep the funds (approximately \$3 million allocated for 4 years, or \$755,000 per year) in order to develop local Prevention and Early Intervention efforts designed to meet the special cultural and local needs of the county. Ethnic diversity, suicide rates, and the Golden Gate Bridge were specifically cited as circumstances unique to San Francisco that warrant develop specialized local initiatives with this funding.

3. Upcoming Training.

LAW AND ETHICS TRAINING FOR BEHAVIORAL HEALTHCARE PROVIDERS:

Friday, March 13, 9:00am-4:30pm. St. Mary's Cathedral Conference Center. This will be a 6 hour review of current legal issues and ethical concerns for staff working in the Behavioral Health Care Setting. Issues covered will include 1) consent, including consent in an emergency,

informed consent, conservatees and minor consent, 2) confidentiality and privacy, HIPAA review, 3) mandated reporting including a review of child abuse and neglect reporting laws and the Tarasoff "duty to warn," and how the Ewing cases have impacted the obligation to warn when the threats are conveyed by third parties, and 4) dual relationships and boundary issues, including employees as clients, and clients as employees, pre-existing personal relationships, and relationships that develop after a clinical relationship is established. Registration for this conference is closed.

ADULT MENTAL HEALTH DOCUMENTATION TRAINING:

Friday, April 17, 2009. San Francisco Federal Building, 90th Seventh Street. This training will be targeted to Adult Mental Health providers. This training will occur in two parts. The morning session will focus on issues related to authorization, consents, HIPAA, PFI, CSI, Compliance and Billing. The afternoon session will focus on the clinical aspects of the record, e.g., assessment, treatment planning, progress charting and treatment plan update. Each training will allow sufficient time for practice and question and answer. You may register for either or both sessions. The trainings are NOT mandatory. These trainings will be offered on a quarterly basis and are open to all but newer provider staff are especially encouraged to attend.

To register for this training, please contact Norman Aleman, CBHS Training Coordinator at 415-255-3553 or email norman.aleman@sfdph.org

Past issues of the CBHS Monthly Director's Report are available at:

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

ATTACHMENT 1

The California Council of Community Mental Health Agencies, who were leaders in the partnership that developed and promoted Proposition 63, have taken a different view of the proposed ballot measure and presented the state Attorney General with their concerns.

Specifically, CCCMHA has "grave concerns about the ballot label and summary of Prop. 1E prepared by the Legislature. (Attached.) For starters, the ballot label does not inform voters that Prop. 1E is in any way related to Prop. 63, a major oversight."

CCCMHA has requested that the ballot fiscal impact statement reference the following issues:

- 1. Prop 1E amends Prop. 63.** The ballot label makes no reference to the voter initiative that is amended by Prop. 1E. The summary references it but calls the amendments "flexibility". Neither piece adequately informs voters that they are being asked to change the language of measure they approved and to change the purposes toward which they have previously decided to put these specific funds.

2. **Funds are actually diverted to the state General Fund.** The language of Prop. 1E speaks of certain funds being “redirected to support the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program” (see SBX3 10, Sec. 2, proposed new W&I Code Sec. 5892(a)(7)). But what does “redirected” mean in this case? The EPSDT program is an entitlement program (Medicaid) that is an ongoing obligation of the state General Fund. Service levels and funding for EPSDT will be the same regardless of the passage or defeat of Prop. 1E. (Except for the unlikely case that the state terminates all Medicaid Programs.) Therefore, the reference to “redirect[ing]” the funds to that program is arbitrary and, in fact, misleading. As a practical matter, these monies taken from Prop. 63 programs are simply going to the state General Fund. The fiscal note could clarify this major issue for voters.
3. **Diverted funds exempted from oversight/accountability in Prop. 63.**
As you may know, the voters, in supporting Prop. 63, placed rigorous auditing and accountability requirements on the money they approved for mental health programs. It is not a minor issue, then, when \$460 million is removed from these accountability requirements. The fiscal note might reference this important change in the law that Prop. 1E would effect.
4. **Likely cost increases.** We do not know what the Legislative Analyst’s Office will have to say about Prop. 63 program impacts to date, but we do believe that the program has plainly reduced state and local government costs in many areas. There are 200,000 people enrolled in Prop. 63 mental health programs across the state, virtually all of whom had no services prior to implementation of the voter-approved law.

Without treatment, what happens is well understood; kids drop out of school, adults are unable to work, house or care for themselves or their families, and state and local government costs for hospitalization, homelessness programs and criminal justice all go up steeply. Indeed, the high costs of the old way of doing mental health care were a major reason why voters approved Prop.63. We believe it is an obvious and easily anticipated impact of Prop. 1E that service levels will be reduced, with costs shifted to other areas as a result. Please take note of this vital issue in the fiscal note.”

2.0 The Current State of Budget Cuts and Its Impact on Services

Mr. Keys: “Since there is a big concern over Governor Schwarzenegger’s proposal of diverting some of the MHSA money and we are responding with fast track mental health plans for the Department of Mental Health (DMH) for reviews, does this limit the public response time?”

Dr. Cabaj: “We still maintain the 30-day review period for public comments before we submit plans to the State. It just means our staff must work diligently to get the planning process finished. We hope to get the State approval of our plans before the Proposition 63’s money is diverted away by the governor.”

Mr. Keys: “Can you highlight the key updates of these plans?”

Dr. Cabaj: "There are overall reductions in homelessness, time in jail and time in the hospital, 63%, 42% and 44% respectively. In the Transitional Age Group, we see 76% reduction in homelessness and 49% reduction in juvenile incarceration."

Mr. Keys: "Do you have any updates on the Behavior Health Access Center at 1380 Howard?"

Dr. Cabaj: "Both the Behavior Health Access Center (BHAC) and the Treatment Access Program (TAP) provide direct client services, meaning face-to-face interaction, rather than serving them over the telephone. The pharmacy at TAP is a block from the DORE Urgent Care program."

Mr. Keys: "I am hoping to do more outreach to the community to let people know different mental health programs exist, because during this economic recession, people hesitate to come for help."

1.2 Public comment relevant to Item 1.0

No public comments.

ITEM 3.0 PRESENTATION: IMPACT OF TRAUMA ON PHYSICAL HEALTH by Dr.

Nadine Burke

3.1 Presentation:

Mr. McGhee: "Dr. Burke is the Medical Director for the Bayview Child Health Center for California Pacific Medical Center (CPMC). She essentially created and developed the center for the hospital. She got her medical degree at the University of California, Davis, then went on to do her residency at the Lucile Salter Packard Children's Hospital, Stanford. She also got a Master's in Public Health at Harvard University and is bilingual in Spanish. We are honored that she is here to share with us about her research. The title of her presentation is Child Abuse Is Bad For Your Health: Clinical Sequelae of Child Trauma."

Dr. Burke: "The California Pacific Medical Center (CPMC) wanted to reduce health disparities for African Americans and my specialty is pediatric care in Bay View Hunters Point (BVHP).

The African American population appears to have a disproportionately high rate of asthma, immunodeficiency, obesity and sexually transmitted diseases, compared to the general population. Also, many people were saying that African American children have attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD) and anti-social behaviors.

In my years of practice in medicine, I have never heard of a child wanting to be "bad", because most children want to be good to please adults. Thus, I started to wonder about the following possibilities, which medical schools do not teach doctors.

Perhaps, children in BVHP do not have ADHD per se, as people were telling me. It is more likely that these impressionable children have been forced to live in a hostile or dysfunctional environment where substance abuse, suicides, senseless killings and violence occur daily. It is more likely these children have PTSD and have not received proper treatment.

I ask you rhetorically: could these children act out on what is truly going on in their homes or neighborhood? If so, it is not ADHD children causing problems in their neighborhood, but familiar dysfunction causing children to have PTSD where they display inattentiveness and anti-social behaviors. And would not ADHD be misdiagnosed for these children, and medicating them on highly potent psychotropic drugs is simply wrong.

Adverse childhood traumas can become the mechanism of clinical sequelae (symptoms). We see chronic health problems such as chronic obstructive pulmonary disorder (COPD), cancer, premature death, ischemic heart disease, sleep disorders, overweight and obesity, hepatitis, sexually transmitted infections and diabetes when these children reach adulthood. The health disparity in the African American population could be explained by the multiple unresolved adverse childhood experiences!

According to the Adverse Childhood Experiences (ACE's) Study of 17,421 adults by Vincent J. Felitti, MD at Department of Preventive Medicine of Kaiser Permanente in San Diego California and Robert J. Anda, MD, MS Centers for Disease Control and Prevention (CDC), they found that people with adverse childhood experiences such as psychologically, physically or sexually recurrent abuse including being neglected physically and emotionally, violence against the mother; or substance abusers in the household, suicidal, or imprisonment, if left untreated, are at a higher risk of developing organic diseases in adulthood. Quantifying the data, they compared the person with a 4+ (four or more adverse childhood experiences) ACE score and a 0 ACE score and found the followings:

- 260% at higher risk of COPD, hepatitis, and contracting sexually transmitted diseases
- 4.6 times at higher risk for depression and 12 times at higher risk for suicide

When I compiled my data in San Francisco, I found that 45% of African Americans compared to 20% of White and Asian Americans have been diagnosed with high blood pressure and that 15% of African Americans compared to 3.5% of White and Asian Americans have been diagnosed with diabetes. At my Bayview clinic I found 48% of the people there reported to have experienced adverse childhood traumas and 37% have an overweight problem. If a person has had more than seven adverse childhood experiences, like many in this community, they are 360% more likely to have COPD, and a 180% higher heart disease risk even if the individuals practice a healthy lifestyle. Children raised in stressful environments have an increased risk for all bad health outcomes even if they do not participate in any high risk behaviors such as smoking or substance abuse.

Adverse childhood experiences can be treated to prevent health problems in adulthood, and psychotropic medication is not a panacea. I believe other treatments are available. We can use Mindfulness Based Awareness or Dialectic Behavior Therapy, and studies have shown that these treatments have positive effects of reducing high blood pressure, inflammation, depression and anxiety and post-traumatic symptoms.

I would like to conclude the presentation with the following recommendations. I believe a universal screening for adverse childhood experiences is a good start. When the board considers mental health programs to reduce health disparities, please incorporate the trauma model. Also, there should be a network of treatment options to break the generational cycle of adverse childhood trauma.

3.2 Public comment relevant to Item 2.0

Public member: She mentioned that when incarcerated people are released they often do not have mental health support or social services to help them become acclimated back into society. Often these people get caught up in the cycle of recidivism.

ITEM 4.0 ACTION ITEMS

4.1. Public comment

No public comments.

4.2. Resolutions

4.2. a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of January 14, 2009 be approved as submitted.

Resolution unanimously approved

4.2. b PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of February 11, 2009 be approved as submitted.

Resolution unanimously approved

4.2. c PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board commends Carolyn Kaufman, Director of Mobile Crisis Treatment Team (Attachment A)

Resolution unanimously approved

4.2. d PROPOSED RESOLUTION: Be it resolved that the Mental Health Board honors Claudia Lebish, for her advocacy for the mentally ill. (Attachment B)

Resolution unanimously approved

Mr. McGhee: "Ms. Claudia Lebish served on the Mental Health Board from July 2005 until July 2008 in a consumer seat as an appointee of Supervisor Mirkarimi. We are saddened by her loss to alcoholism at the young age of 46. In her honor the Board is donating \$50 to A Home Within, an organization she supported after hearing the presentation to the board by its Executive Director."

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee:

Mr. McGhee: "I want to welcome our two new board members who were appointed on March 5th by the Board of Supervisors Rules Committee. Dr. Mary Ann Jones fills Dr. Rebecca Turner's mental health professional seat. She obtained her PhD from the Wright Institute in Berkeley and was the Clinical Director of Westside several years ago.

Errol Wishom was appointed to a consumer seat. He is a peer volunteer at San Francisco General Hospital helping inpatients in the psychiatric wards. Would you both say a few brief words about yourselves and why you wanted to be appointed to this board?"

Dr. Jones: "My name is Mary Ann Jones, and I want to bring to the board my knowledge and clinical skills."

Mr. Wishom: "I am Errol Wishom. Thank you for having me on the board."

5.3 Report by Members of the Board on Their Activities on Behalf of the Board.

Mr. McGhee: "Ms. King will give a brief report of the Southeast Group Meeting."

Ms. King: "Our meeting in the Southeast sector has been going well. We have a lot of support from community leaders."

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Mr. Keys: "I would like to have the executive committee create a policy on universal screening of children with adverse childhood experiences and traumas. Like what Dr. Burke said in her presentation, the lack of effective and efficacious treatments for early childhood adverse experiences and traumas often manifest into physical health problems. Children in the Southeast Sector and Bayview Hunters Point, including children at risk of trauma and stress, can benefit from universal screening."

Ms. Dunn: "I have been approached by people from the Homeland Security Administration who are looking for proposals to help homelessness in San Francisco, and I would like to have a grant-writing team work with me to write proposals to the federal government to get some of those."

5.5 Public comment relevant to Item 3.0

No public comments.

ITEM 6.0 PUBLIC COMMENT

Ms. Wilson: She is a client council member and has noticed that mentally ill people are not getting services on a continual basis. She has seen these people falling through the cracks of the mental health system and they often become susceptible to the vicious cycle of violence.

Adjournment

Meeting adjourned at 8:29 PM.



SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, April 8, 2009

City Hall

One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

04-02-09P12:40 RCVD

CALL TO ORDER

GOVERNMENT
DOCUMENTS DEPT

AGENDA CHANGES

APR - 2 2009

Item 1.0 DIRECTORS REPORT

For discussion.

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1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Public Hearing: Three-Year Program and Expenditure Plan for the Capital Facilities Component Proposal.

2.2 Public Comment

Item 3.0 PRESENTATIONS

1. COMMUNITY BEHAVIORAL HEALTH SERVICES BUDGET
PROCESS: Barbara Garcia, Director, Community Programs, Deputy Director of Health

2. NATIONAL ALLIANCE ON MENTAL ILLNESS, SAN FRANCISCO (NAMI): Gifford Boyce-Smith, MD, President

For discussion.

3.1 Presentations:

1. Community Behavioral Health Services Budget Process, Barbara Garcia
2. National Alliance on Mental Illness, San Francisco, Gifford Boyce-Smith, MD

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 Proposed Resolutions

4.2.a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of March 11, 2009 be approved as submitted.

Item 5.0 REPORTS

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment

Item 6.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

DISABILITY ACCESS

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**MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM AND EXPENDITURE PLAN
CAPITAL FACILITIES COMPONENT PROPOSAL**

Component Exhibit 2

COMPONENT PROPOSAL NARRATIVE

1a. Framework and Goal Support:

Submit a brief narrative that provides a conceptual overview of how the County plans to use the Capital Facilities Component funds to support the provision of programs and services to be implemented through the MHSA. Include how the component will produce long-term impacts with lasting benefits that move the mental health system towards the goals of expansion of opportunities for accessible community-based services for clients and their families.

In 2005, the San Francisco MHSA Behavioral Health Innovations Task Force launched a community-wide planning process to identify the priority unmet service needs of persons with serious mental illness in San Francisco. San Francisco's process spanned four months and entailed public meetings, interviews with consumers and family members, and the submission of 80 position papers from community stakeholders. The information gathered formed the basis of recommendations to transform the mental health system in San Francisco outlined in the City's MHSA Three Year CSS Program and Expenditure Plan, which was approved by the California Department of Mental Health in March of 2006.

The City and County of San Francisco, acting through the Community Behavioral Health Services (CBHS) division of its Department of Public Health (DPH), will use Capital Facilities Component funds to support the general system development programs originally identified in the CSS Plan by upgrading specific types of facilities to better serve MHSA populations and their families. Though this plan envisions allocating most or all of the funding to County-owned properties, CBHS will also consider setting aside a portion of the funds to be bid competitively for projects involving privately-owned properties based on community demand provided that such projects: 1) Achieve the general system development goals in the CSS Plan; 2) Agree to the required restrictions on privately-owned properties articulated in the MHSA Capital Facilities guidelines; and 3) Are financially feasible (i.e. have other funding commitments in place for ongoing operations and services).

Capital Facilities Component funds will be allocated to three general system development programs as follows:

A. Wellness Centers

The principle of service provision with a wellness, recovery, and resiliency focus is a central tenet of all of San Francisco's MHSA-funded programming. The CSS Plan identified Wellness Centers as a System Development priority within two of its population-specific Program Work Plans:

- Children/Youth and Families: Expansion of school-based Wellness Center program to an additional high school or middle school.
- Adults: Creation of a peer-run drop-in center and peer-staffed Warm Line

The following are wellness and peer-based projects either started or expanded to date using MHSA/CSS funds.

- Pathways to Discovery: Pathways to Discovery is a peer-run Wellness Center that will work with all full service partnership and system development agencies to provide services to clients wanting to connect to their spiritual needs and those who want to pursue their educational goals.
- Central City Hospitality House (CCHH) – Tenderloin and 6th Street Peer-Based Centers: The CCHH Peer Based Centers provide peer counseling services that address a multitude of issues including mental health, substance abuse, benefits advocacy, and other barriers to stability. The Centers provide access to respite from the streets; use of telephones and restrooms; access to hygiene and other emergency supplies. The Centers also offer drop-in access to holistic health and wellness services including massage therapy, meditation, acupuncture, and self-care groups. Finally, the Centers offer a range of support groups, including a new support group for seniors, socialization activities and much more.
- Richmond Area Multi-Services (RAMS) - Wellness Center at School of the Arts: The Wellness Center at the School of the Arts H.S. provides wellness presentations and in-service trainings to school site faculty about services provided by the Wellness Center and on specific issues pertaining to adolescent BH; crisis intervention; mental health assessments, therapy, and targeted case management services.
- Larkin Street Peer-Based Center: Larkin Street Youth Services provides a low threshold peer center for Transition Aged Youth where clients engage in art activities, educational group activities, and other structured activities.
- Family Services Agency Peer-Based Center/Curry Senior Center: This peer-based center provides a safe haven and low threshold space for older

adults to interact with their peers, engage in therapeutic, holistic, and recreational activities, participate in volunteer or paid part time activities/employment, and organize socialization and self-help group activities

- Office of Self Help: The Office of Self-Help provides services for clients who are dually diagnosed, homeless, formerly homeless or living in board and care facilities. The facility offers structured and unstructured activities, peer counseling, information and referrals, educational training, and a computer lab as well as support groups such as housing, dual diagnosis, and art groups. They also transport families of individuals with mental illness to out of county IMD facilities where their loved ones are receiving treatment.

Consistent with the goal of expanding the wellness center approach, CBHS is proposing to use Capital Facilities Component funds to renovate a County-owned and operated mental health facility to provide wellness center services. While the initial focus per the original approved CSS Plan will be on adults and children and families, CBHS will also structure pre-development activities to investigate whether inclusion of other populations is feasible.

Sunset Mental Health Services: 1990 41st Avenue, San Francisco

Sunset Mental Health Services is a comprehensive mental health treatment center providing services for seriously mentally ill adults and children.

Renovations will upgrade the facility to promote maximum consumer empowerment and engagement within a wellness center environment. The renovations will coincide with a change in the service delivery modality from a traditional medical model to a low-threshold environment providing multiple avenues for consumers to engage in services at their own pace. Physical upgrades to the facility will also create a more welcoming, clinically sensitive, structurally sound environment. Facility upgrades include accessibility improvements to the front entry and to the rest rooms, a new roof, window replacement, and a new records room, reception area and medical exam room.

B. Residential Treatment for Dually Diagnosed Clients

One of the other System Development programs identified in San Francisco's Community Services and Supports Plan was residential treatment to support and engage with adult clients during their crucial initial recovery back into the community from acute or crisis episodes. To this end, DPH/CBHS is using System Development funds to help expand recovery-oriented residential treatment services for chronically mentally ill persons who are dependent on drugs and/or alcohol.

The following residential treatment program was funded through MHSACSS:

- Walden House Acute Psychiatric Stabilization (WRAPS) Program: This residential treatment program enables such clients to receive support towards stabilization and to engage in a partnership with the system. The program provides intake assessment 24-48 hours of referral; provides medication evaluation (if needed) within 24-48 hours of request; develops a detailed treatment plan; coordinates with internal and external psychiatric services and enrolls clients in relevant clinical groups and activities.

High Users of Multiple Systems

In 2008, CBHS began planning for a new pilot called High Users of Multiple Systems (HUMS). The goal of HUMS is to assist the most at-risk and frequent users of publicly-funded crisis services in accessing integrated behavioral and primary care, along with housing and other vital services, and achieving long-term recovery and stability.

Targeted Population:

1. Homeless or at risk of homelessness.
2. Seriously mentally ill (SMI) clients who are high users of Emergency Medical Services, chronic inebriates, and/or repeat users of substance abuse treatment and also present chronic medical issues.
3. Individuals linked (or pending linkage) to an Intensive Case Management Team and team is able to continue to work with client while engaged in other pilot programs.
4. Individuals who have been assessed and prioritized based upon a severity index.
5. Individuals who are willing to be voluntarily placed in pilot resources.

Goals:

1. Provide timely access to needed service, including continuous coordinated care.
2. Ensure long term recovery plan for each individual.
3. Reduce harm and prevent trajectory of high mortality and disability experienced by the target population.
4. Identify medical protocols and programmatic interventions to achieve above.
5. Identify and monitor data that indicates above.

Multiple approaches:

1. Set-aside beds in residential treatment programs that are staffed to handle target population; including Redwood Center and Walden House Treasure Island.
2. Set-aside beds in Medical Detox.
3. Board and care-like supportive housing environment for clients who are returning from long-term care placements, including those who are on conservatorship and those who are not.
4. Higher intensity supportive housing for clients who are voluntary.

5. Access to 60-70 supportive housing units.
6. Placement into Primary Care home.
7. Replacement/medication therapies.

Consistent with the goal of expanding dual diagnosis residential treatment capacity, CBHS is proposing to use Capital Facilities Component funds to renovate a City-owned residential treatment facility to accommodate dually-diagnosed clients. While the initial focus per the original approved CSS Plan will be on adults, CBHS will also structure pre-development activities to investigate whether inclusion of other populations is feasible.

The project identified to date is described below.

Redwood Center

Redwood Center is a 49-bed non-medical primary care residential substance abuse treatment program for men aged 18 and older. It is located on 150 acres of natural parkland near Redwood City. The City and County of San Francisco owns the facility and the land. The current physical plant is challenged by deferred maintenance issues and will need to be upgraded to meet modern standards for dual-diagnosis treatment. The facility will also need to be redesigned to be dual-diagnosis ready (i.e. go from being strictly a substance abuse treatment facility to being equipped to address the needs of clients who have both serious mental illness and substance abuse disorders). Renovations will include kitchen and bathroom upgrades, new flooring and fixtures, newly designed sleeping areas, an appropriate medication room, an exam room for medical needs, improved accessibility (including wheelchair accessibility), and new windows.

C. Behavioral Health Integration

In 2004, DPH began a comprehensive effort to integrate its systems of care (mental health, substance abuse and primary care). The effort began with a merging of its mental health and substance abuse services to create a dual-diagnosis capable Integrated System of Behavioral Healthcare. CBHS put in place a participative and all-sided change process to advance behavioral health integration at the system-, program-, and clinician/counselor competency-levels.

The other aspect of integration is the integration of primary care with behavioral health services. These efforts focus on developing collaborative and integrated interventions to effectively help clients with multiple problems and systems-involvement. The CSS plan identified behavioral/primary care integration as a System Development priority within three of its population-specific Program Work Plans:

- Children/Youth and Families: Integration of behavioral health services within pediatric settings for early identification of mental health/psychiatric problems.

- Transition Aged Youth (TAY): Integration of psychiatric consult services into primary clinic settings serving primarily youth and young adults, including those involved in the juvenile justice system, to support early identification and treatment of emotional problems.
- Older Adults: Provision of mental health services within primary care settings for older adults.

Since approval of the CSS plan in 2006 CBHS has made great strides in implementing its integration plan, including the development of a new Behavioral Health Access Center (BHAC) that provides centralized assessment, referral and placement. The Center provides a welcoming and responsive environment for clients with behavioral health issues and streamlines access to integrated services. The new integrated system also promotes access to the network of available community services using an "Any Door Is the Right Door" policy. CBHS supports a service model where multiple diagnoses is an expectation, not an exception, and that enhances the capacity of the substance abuse, healthcare, and mental health systems to work as partners, prioritizes attention to those clients who have the most difficulty with access and engagement in the service system. As part of this approach, CBHS strives to integrate behavioral health and primary care in a way that addresses the full physical and behavioral health needs of individuals, families, and the community.

In its MHSA Fiscal Year 2008-2009 Annual Plan Update, CBHS described three Behavioral Health/Primary Care Integration projects:

- Chinatown Health Center: Enhanced psychiatric services for previously unidentified or underserved children with autism or pervasive developmental disorder.
- Cole Street Clinic/Youth Guidance Center: Assessment, psychiatry, individual counseling, case management, and referral for transition aged youth and incarcerated youths.
- Behavioral Health Services for Older Adults at Tom Waddell Health Center: Diagnostic assessment, medication services, and consultation with a geropsychiatrist at Tom Waddell Health Center.

Consistent with the services integration work that has taken place to date, CBHS is proposing to use Capital Facilities Component funds to construct and/or renovate City-owned and operated health centers in preparation for further behavioral health integration into primary care. These projects would facilitate the co-location of mental health professionals in new clinics or existing primary healthcare settings that heretofore have either not offered behavioral health services or have had inadequate behavioral health capacity. The projects that have been identified to date are as follows:

1) Silver Avenue Health Center: 1525 Silver Avenue, San Francisco

DPH proposes to move the South East Child and Family Therapy Center - Mission Campus (at 4527 Mission St., SF, CA) into the Silver Ave. Family Health Center (at 1525 Silver Ave., San Francisco, CA). This move involves the relocation of an existing 9.5 FTE child and family behavioral health therapy program from its current site, where it has 7 counseling rooms, a waiting room, administrative space, and storage, into a newly renovated site at Silver Ave. Family Health Center. The move of SECFTC to the SAFHC will provide a new behavioral health component to the existing array of services on site. At first, this co-location will offer immediately a new capacity for children's behavioral health services and make behavioral health services more accessible due to the Center's central location. But the longer-term objective of this move is to integrate behavioral health and primary care services to better provide for the total health care needs of the client population. DPH intends to expand behavioral health services for the adult population at the SAFHC in the near future.

Integration of primary care and behavioral health also benefits SECFTC patients who may not have access to primary care or medical care services. The co-location of the SECFTC with a primary care clinic will make medical care referrals more convenient. In addition, integration will promote the cross-fertilization of client/patient care concepts between behavioral health and primary care providers and should foster a more holistic approach to services.

A Capital Facilities Project Proposal is being submitted simultaneously for this project.

2) Castro-Mission Health Center: 3850 17th Street, San Francisco

Renovations are needed to provide appropriate secure file storage capacity.

3) Tom Waddell Health Center: 50 Ivy Street, San Francisco

Renovations are needed to accommodate re-location of four mental health clinicians into this facility to further primary care/behavioral health integration goals.

1b. Proposed distribution of funds

This proposal addresses San Francisco's Capital Facilities component only. A separate planning process is in progress for Technological Needs and the plan will be submitted separately.

Proposed distribution of funds:

Capital Facilities:	<u>\$4,148,350</u>	or	<u>50%</u>
Technological Needs:	<u>\$4,148,350</u>	or	<u>50%</u>

How distribution was derived: The distribution stated above was determined as the most equitable way of allocating the funds given the overwhelming need for resources in both categories.

2. Stakeholder Involvement:

Include a description of stakeholder involvement in identification of the County's Capital Facilities priorities in accordance with Title 9 (Sections 3300, 3310, and 3315) of the California Code of Regulations.

2a. Background

The MHSA planning process in San Francisco has included a concerted effort to encourage and engage stakeholder involvement. In March 2005, San Francisco began its implementation of the Mental Health Services Act (MHSA) with the establishment by the Mayor of a 40 member citywide taskforce. The Behavioral Health Innovations (BHI) Task Force, headed by the Deputy Director of Health, led the planning process and assisted in the development of San Francisco's three-year plan for MHSA funds by identifying and prioritizing mental health needs. The BHI Task Force met every three weeks, with meetings in six neighborhoods throughout the City. The public was invited to observe the BHI Task Force proceedings and a public comment period was provided during the last 30 minutes of each meeting. The Mental Health Association of San Francisco was contracted to conduct extensive community outreach for each Task Force meeting. A special consumer subcommittee and a family member subcommittee were formed to give consumers and family members safe and supportive forums for their feedback.

The BHI Task Force held over 70 meetings between April and August of 2005 with consumers, their families, service providers, and other members of the community. Participants in the planning process were asked for their perspective on what was missing from mental health services in San Francisco, and what they would like to see changed. Information collected during the planning process, including position papers, provider surveys, results of peer-to-peer interviews, penetration analyses, transcripts and summaries of meetings, and usage analyses were submitted to the BHI Task Force for consideration and incorporation into the final plan. The Three Year County Plan was submitted to the Department of Mental Health in November 2005 and the plan was approved by the state in March 2006.

Ongoing community participation in MHSA planning is actively engaged through bi-monthly meetings with the MHSA Advisory Committee. This committee is comprised of twenty-nine members of the original planning process in 2005 and eight are individuals with past or present histories of mental illness. Meetings alternate between committee and public forum formats to discuss ongoing implementation, updates, and other opportunities available through MHSA. Time is reserved on each agenda to allow for public comment, and an opportunity to ask questions about MHSA related issues. Public forum meetings are held in various community settings to create awareness of MHSA activities in these neighborhoods. Inclusion of the MHSA Update is also part of the monthly Director's Report to the Mental Health Board and the CBHS Director's Report. All

of these meetings are widely advertised and public participation is strongly encouraged.

San Francisco's DPH/CBHS offers several other opportunities for consumers and family members to participate in mental health service policy independent of the MHSA planning process:

- Mental Health Association of San Francisco (meets monthly)
- Mental Health Board (meets monthly)
- CBHS Client Council (meets monthly)
- Mayor's Disability Council (meets monthly)
- Health Commission (meets twice monthly)
- Consumer Provider Group (meets weekly)

2b. Stakeholder Process for Capital Facilities Component Proposal

In order to gather stakeholder input on the Capital Facilities Component Proposal, CBHS hosted a total of three community meetings located in different neighborhoods in San Francisco. Each meeting was attended by Department of Public Health staff, including CBHS leadership, the MHSA Program Coordinator, and several MHSA Implementation Specialists as well as interested parties in the general public. The Mental Health Association of San Francisco, which is San Francisco's leading mental health consumer advocacy organization, attended one of the meetings and alerted its membership to the meetings. The Department of Public Health publicized the meetings by e-mailing a flyer to its vast MHSA mailing list, which includes:

- All members of the MHSA Advisory Committee
- 66 mental health services providers who have contracts with the City, including all MHSA contract agencies
- 300+ employees of the Department of Public Health, CBHS
- More than 150 community-based service providers, including substance abuse services providers, AIDS services, and primary care
- 60 housing stakeholders identified during the MHSA Housing Program stakeholder process
- 18 Client Council members (consumer group)

The meetings were held:

1. Tuesday, February 24, 2009
11:30 am to 1:30 pm
Friendship House/Native American Health Center
56 Julian Avenue (Mission District)
San Francisco, CA

2. Thursday, February 26, 2009
9:00 am to 11:00 am
Saint Mary's Cathedral
1111 Gough Street (Hayes Valley District)
San Francisco, CA

3. Friday, February 27, 2009
Visitacion Valley Community Development Corporation
1099 Sunnydale Avenue (Visitacion Valley District)
San Francisco, CA

CBHS presented an overview of MHSA Capital Facilities Component guidelines, including eligible uses of funds. CBHS then addressed how it was proposing to allocate funds across the general system development goals in its San Francisco's approved CSS plan. Specific preliminary projects were discussed for purposes of illustration. It was also explained to stakeholders that, given the limited funds available, the high cost of real estate in San Francisco and the paucity of developable sites, San Francisco was focused on renovation of existing facilities rather than a acquisition/new construction strategy.

Stakeholders provided input that has now been incorporated in the draft plan to create a more flexible response to this funding opportunity. Below are the main issues raised, and how they were addressed in this draft plan.

1. Population-specific facilities: Stakeholders raised the need for facilities tailored to serve the needs of specific populations, including residential treatment for transition-aged youth and wellness centers for older adults. Given the limited funds available, San Francisco is trying to prioritize facility types that most closely address the needs identified in the CSS plan and allocate the funds in a way that reaches as many clients as possible. During the pre-development phase, CBHS will investigate whether it will be possible to create population-specific components within the facilities to be renovated.
2. Privately-owned facilities: One stakeholder asked if it would be possible to incorporate privately-owned facilities into the plan ("public-private partnerships"). San Francisco is attempting to allocate the limited funds available to impact as many people as possible through renovation of existing facilities. Though this plan envisions allocating most or all of the funding to County-owned properties, CBHS will also consider setting aside a portion of the funds to be bid competitively for projects involving privately-owned properties based on community demand provided that such projects: 1) Achieve the general system development goals in the CSS Plan; 2) Agree to the required restrictions on privately-owned properties articulated in the MHSA Capital Facilities guidelines; and 3) Are

financially feasible (i.e. have other funding commitments in place for ongoing operations and services).

Component Exhibit 4

COMPONENT PROPOSAL: CAPITAL FACILITIES NEEDS LISTING

The chart below represents priority capital facilities needs by facility type. The chart does not represent an exhaustive list of mental/behavioral health facilities needs in San Francisco, but rather, a list of priority needs that can realistically be addressed with the limited funds available. Because costs are not yet known, a range of number of facilities is provided for each type of facility.

Type of Facility	Number of Facilities Needed	County Location for Needed Facility	MHSA Programs & Services to be Provided	Target Populations to be Served
Wellness Center	1-2	Sunset	Wellness/recovery oriented, self-paced, low-threshold outpatient services	Adults/Children/Families
Residential Treatment	1-2	Redwood City (out of county land owned by City and County of San Francisco)	Dual-diagnosis ready residential treatment	High users of multiple systems
Integrated Outpatient	1-3	Mission, Portola, Civic Center	Integrated behavioral health care - outpatient	Adults/Children/Families

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MHSA INNOVATION Component Community Planning Meetings

We are inviting individuals who are interested in participating in ONE of these community planning meetings:

Monday, April 20, 2009

12:00pm - 1:30pm

Pier 1 (Next to Ferry Building)

Wednesday, April 22, 2009

12:00pm - 1:30pm

Place TBD

Tuesday, April 28, 2009

11:30am - 1:00pm

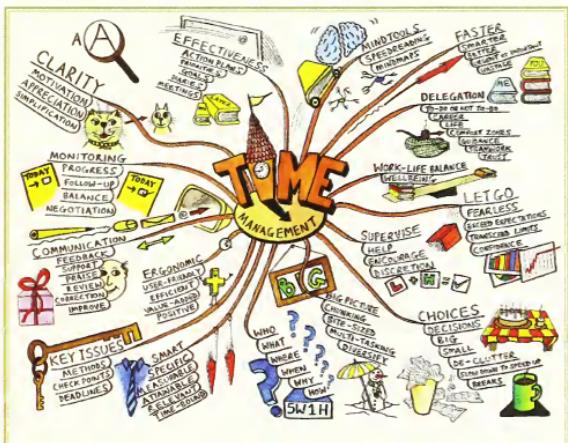
place TBD

Thursday, April 30, 2009

12:00pm - 1:30pm

Community Vocational Enterprises

1425 Folsom Street



PLEASE COME TO ONE OF THESE MEETINGS TO SHARE YOUR IDEAS ABOUT:

- increasing access to underserved groups
- increasing the quality of mental health services, including better outcomes
- promoting interagency collaboration
- increasing access to services
- improving the local community planning process (if needed)

An innovation project must contribute to learning rather than focus on providing a service (introduce new MH practices; make changes to existing MH practices; introduce new application to the MH system that has been successful in non-MH settings)

****BOX LUNCHES WILL BE PROVIDED****

For more information, contact Kevin Ledbetter at (415) 255-3513/Kevin.Ledbetter@sfph.org or
Harriet Lem at (415) 255-3762/Harriet.Lem@sfph.org



SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

UNADOPTED MINUTES

Mental Health Board

Wednesday, April 08, 2009

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: Jagruti Shukla, MD, MPH (Vice- Chair); James Shaye Keys (Secretary); M. Lara Siazon Arguelles; Officer Kelly Dunn; Mary Ann Jones, PhD; LaVaughn Kellum King; Tom Purvis (by telephone); Njoroge Tho-Biaz, MA; Lisa Williams; Virginia Wright, and Errol Wishom.

BOARD MEMBERS ON LEAVE: John Kevin Hines.

BOARD MEMBERS ON ABSENT: James L. McGhee (Chair); and Bridgett Brown.

OTHERS PRESENT: Alice Gleghorn, PhD, Deputy Director of Community Behavior Health Services (CBHS); Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Judith Mayer, Executive Director of National Alliance on Mental Illness (NAMI-SF); Gifford Boyce-Smith, MD, President, NAMI-SF; Ralph Fenn, MD, Family Service Agency (FSA); Carletta Jackson-Lane, JD, Sojourner Truth Foster Family FSA; and David Pine, MD, CBHS-Mobile Crisis.

CALL TO ORDER

The meeting was called to order at 6:43 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

No agenda changes were made.

ITEM 1.0 DIRECTORS REPORT

Mr. Key: "Although Dr. Bob Cabaj, the Director of Community Behavioral Health Services (CBHS), normally gives the Director's report, he cannot attend the meeting tonight. Dr. Alice Gleghorn, Deputy Director of Community Behavioral Health Services will give the Director's report and then follow that with the Mental Health Services Act Updates."

Dr. Gleghorn: "Several items are in the April report.

First, seniors and disabled persons needing assistance with interpreting the Medicare Part D plan can get help from the Health Insurance Counseling Advocacy Program (HICAP). With the help of a HICAP counselor, clients receive guidance on cost-benefit analyses for their prescriptions.

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Second, the Center for Multicultural Development at the California Institute for Mental Health (CIMH) has been partnering with behavior health promoters to support the Latino communities on mental health issues including mental health education and the Prevention and Early Intervention initiative.

Third, regarding the MHSA plans, the Information Technology Plan had its final meeting on April 7, 2009 at the Office of Self Help from 3:00 pm – 5:00 pm. The Advisory Committee meeting, which will be a community forum, will meet on April 16, 2009 at Institutio de la Raza from 3:00 pm – 5 pm, and we are seeking new members for the committee as well. The Innovation plan, which includes a series of planning meetings, will hold the first meeting on April 20, 2009 at Pier 1 from 12:00 pm – 1:30 pm.

The Prevention and Early Intervention (PEI) Plan was submitted to the State's Department of Mental Health (DMH). So far, we have not been asked to submit anything more to the DMH. DMH has made positive comments about our plan so far.

We are in the process of developing Requests For Proposals (RFP's). We will be seeking responses from community members, providers, agencies and any interested groups. We urge providers to look at the PEI Plan that is posted on the DPH website. We would welcome members of the Mental Health Board to participate on the RFP review panels provided they are not applying for money because that would be a conflict of interest. In our last review panel, over a third of the panel members were community members, including consumers and family members. We hope to post the RFP's in about 6-8 weeks. Last time, we had a training orientation for potential reviewers, and we will do it again. We also hope to have an educational forum about contracts, and the board can help facilitate the forum.”

Monthly Director's Report
April 08, 2009

1. Resource for Clients with MEDICARE D Plans

HICAP (Health Insurance Counseling Advocacy Program) is available to assist our clients with their Medicare Part D plans. They are a program funded through a grant from the state and federal government with the focus of helping the senior and other disabled populations (including our behavior health clients).

Clients can call to set up an appointment to meet with a counselor to evaluate their Part D plan. The HICAP counselors utilize the Medicare website and enter the client's medication list and explain the options to the clients who then chose a plan. Clients should bring a complete list of their prescription medications for the appointment.

HICAP has offered to come out the clinic to meet with the staff and explain all the services that they offer and even mentioned that they may be able to help clients here in the clinic. We have a Mission Clinic client who recently used the resource, and had a good experience with them. Here is their information:

San Francisco County HICAP Office

Program Manager

407 Sansome Street
San Francisco, CA 94111
(415)677-7600

Karla Gardner
(415) 677-7521

Link for HICAP website: <http://www.cahealthadvocates.org/HICAP/sanfrancisco.html>

2. **Mental Health Service Act (MHSA) Update**

CIMH TO PARTNER WITH PROMOTORES IN ADDRESSING MENTAL HEALTH NEEDS OF LATINO COMMUNITIES

The Center for Multicultural Development at the California Institute for Mental Health has recently released a policy paper on partnering with promotores in advancing the mental health of Latino communities in California and advancing the opportunities for partnering with promotores in Prevention and Early Intervention to address the wellness needs of all communities. Promotores de Salud (health promoters) are individuals who provide health education and support to community members, provide their services in the community, and are generally from the community that they serve. Although more widely engaged in the field of physical health, promotores increasingly address mental health concerns as well. For more information regarding the expansion of these services to promote wellness for underserved and unserved ethnic and cultural communities in California, please contact William Rhett-Mariscal, Ph.D., Associate, CIMH, at (916) 379-5347, e-mail: wrhettmariscal@cimh.org

INNOVATION COMPONENT SET TO BEGIN COMMUNITY PLANNING MEETINGS

The Innovation component of the MHSA has announced a series of upcoming community planning meetings on Monday, April 20, 2009, at Pier 1 (next to Ferry Building) 12:00 pm – 1:30 pm; Wednesday, April 22, 12:00 pm – 1:30 pm, Location: TBD; Tuesday April 28, 11:30 pm – 1:00 pm, Location: TBD; and Thursday April 30, at Community Vocational Enterprises, 1425 Folsom Street, 12:00 pm – 1:30 pm. The public is invited to come and share ideas regarding access to services, promoting interagency collaboration, and increasing the quality of mental health services, including better outcomes, among other things. Box lunches will be provided. For more information, contact Kevin Ledbetter at (415) 255-3 513 or e-mail kevin.ledbetter@sfdph.org

INFORMATION TECHNOLOGY PLANNING COMMITTEE TO HOLD ITS FINAL MEETING

The final Information Technology Planning Committee meeting is scheduled for April 7, 2009, from 3:00 pm – 5:00 pm, at the Office of Self Help, 1095 Market Street, on the 6th floor. Interested individuals and parties, including providers, clinicians, consumers, family members, and members of the public are invited and encouraged to attend. For more information, please contact Frank Isidro at (415) 255-3572 or e-mail: frank.isidro@sfdph.org

MHSA ADVISORY COMMITTEE MEETINGS

The next meeting of the MHSA Advisory Committee will be a Community Forum, taking place at Instituto de la Raza, 2919 Mission Street, on April 16, 2009, from 3:00 pm – 5:00 pm. The public is invited and encouraged to attend this meeting, at which time all the most recent updates and developments regarding MHSA-related components, topics, and meetings will be under discussion. Light refreshments will be served and copies of all relevant documents will be made available.

We recently sent e-mails to current MHSA Advisory Committee members, in an effort to solicit their interest in continuing to serve on this committee. Thank you to those who responded. However, it would be greatly appreciated if we could hear back from everyone. If you haven't responded, please e-mail Kevin Ledbetter at kevin.ledbetter@sfdph.org, so that we may update the Committee roster.

The Mental Health Services Act Advisory Committee meets bi-monthly from 3-5 pm, alternating between advisory meetings and community forums. The next scheduled meetings are:

Thursday, April 16, 2009
Community Forum
Instituto de la Raza
2919 Mission Street
San Francisco, CA 94110

Wednesday, June 17, 2009
Advisory Committee
1380 Howard Street
San Francisco, CA 94103

3. Upcoming Training

LIVING and THRIVING IN SAN FRANCISCO WOMEN'S HEALTH CONFERENCE:

Thursday, May 14 and Friday, May 15, 2009, 8:45am-4:00pm, St. Mary's Cathedral Conference Center. This two-day conference promises to be a great learning experience for clinicians and providers in our System of Care. The conference will address issues such as the balancing act often required of women involved in the justice system; how to effectively communicate with clients about sexual health and behaviors; STDs and HIV; Women, health, behaviors, and body image; and the conflict and impact of trauma across the life course of women.

Guest speakers include: Susan Salasin and Dr. Westley Clark from SAMHSA, Peggy Bean from the California State Department of Alcohol and Drug Programs, Lisa Najavits, Ph.D., and several of our local DPH staff experts.

Registration begins Thursday, April 9th.

To register for this training, please contact Norman Aleman, CBHS Training Coordinator

at 415-255-3553 or email norman.aleman@sfdph.org

*Past issues of the CBHS Monthly Director's Report are available at:
<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>*

ITEM 2.0 Mental Health Services Act (MHSA) updates and Public Hearings

2.1 Public Hearing: Three-Year Program and Expenditures Plan for the Capital Facilities Component Proposal

Dr. Glehorn: "I will give an overview of the Three-Year Program and Expenditure Plan for the Capital Facilities Component Proposal. The 30-day period of posting the plan for the public on San Francisco's Capital Facility just ended. I would like to clarify that the proposed distribution of \$4,148,350 is for public buildings owned by San Francisco City and County where we have jurisdiction to improve and renovate them. We are considering 1-2 wellness centers, 1-2 residential treatment buildings, and 1-3 integrated outpatient facilities.

Mr. Keys: "Why is there no capital funding for program buildings in the Southeast sector?"

Dr. Glehorn: "The following health centers are owned by San Francisco county: Tom Waddell, Silver Avenue, and Castro-Mission Health centers. Sunset Mental Health Services is also a county building and is being converted to provide mental health recovery-oriented services."

Ms. King: "I would like to encourage CBHS to take a look at the work of Dr. Nadine Burke who did the Impact of Trauma and Stress on Physical Health presentation at the March 11, 2009 meeting. She also runs the Bayview Child Health Center in the Southeast sector and has done a lot of outreach to the area."

Dr. Glehorn: "Thank you Ms. King. I will forward that information to CBHS."

Dr. Jones: "Are wellness centers replacing traditional mental health services?"

Dr. Glehorn: "The Recovery Model is core to MHSA, and traditional health centers will need to work with this model as well."

Dr. Jones: "The states of Arizona and Georgia have Wellness Models in conjunction with other types of care. With a Wellness Model only, it precludes many vulnerable people from participating in care because there would be less access to other services."

Dr. Glehorn: "MHSA offers the opportunity for providers to learn new models of care and incorporate these into their existing practices. For example, MHSA emphasizes peer employment as key in recovery, and CBHS has hired lots of peers to set a model of successful peer employment."

2.2 Public comment

Ms. Jackson: She is a lawyer and pointed out that the level of crisis is highest in the Southeast sector and what is going on there has a huge impact on all aspects of the City. She wondered if there are other monies available for this area of the City.

Dr. Glehorn: "Thank you for your comment."

There are other funding opportunities such as the MHSA Prevention and Early Intervention (PEI) and Workforce Education Training (WET) Plans, which have no strings attached such as owning buildings.

But the MHSA Capital Facilities funding is essentially only applicable to City or County owned buildings."

Item 3.0 PRESENTATIONS

1. COMMUNITY BEHAVIORAL HEALTH SERVICES BUDGET PROCESS: Barbara Garcia, Director, Community Programs, Deputy Director of Health

2. NATIONAL ALLIANCE ON MENTAL ILLNESS, SAN FRANCISCO (NAMI): Gifford Boyce-Smith, MD, President

3.1 Presentations:

Mr. Keys: "Barbara Garcia is the Director of Community Programs and Deputy Director of Health for the Department of Public Health. She is going to give us an overview of the budget process and the ways in which advocates can participate.

Following her presentation we will hear from Dr. Gifford Boyce-Smith, President of the National Alliance on Mental Illness in San Francisco."

1. Community Behavioral Health Services Budget Process, Barbara Garcia

Ms. Garcia: "Thank you for giving me the opportunity to talk about the CBHS budget process. I'm both the Director of Community Programs and the Deputy Director of Health at CBHS.

20% of the \$1 billion operating budget is general fund money for public health in the City and County of San Francisco to operate San Francisco General Hospital (SFGH) and Laguna Honda Hospital, according to regulations and mandates, and supports about 125 non-profit community based organizations (CBO's) that provide Primary Care, HIV/AIDS programs, Maternal and Child Health, Behavior Health services, Housing and Urban Health, Indigent Health and Prevention and Health Promotion. As I mentioned earlier, the general fund makes up 20% of the budget. Or it can be inferred that to be \$200 million. But in this coming fiscal year we are anticipating a \$100 million short fall for the Department of Public Health (DPH).

We must carefully evaluate different CBO's where some provide multiple programs and consider various permutations to keep essential functions to meet the demand. We need to maintain core services at SFGH and Laguna Honda Hospital.

However, I believe mental health services are essential on an ongoing basis to the recovery process for many people. A hospital takes care of emergencies and stabilizes a patient. But for persons with mental illnesses like PTSD, schizophrenia, bi-polar or substance abuse problems when he is discharged from a hospital that person often needs comprehensive continuum care. That may mean a full wrap-around service, housing arrangements for homelessness, medication management, behavior therapies, assisted living and legal assistance. For example, 70% of the clients at Tom Waddell have mental health services needs.

There are some people with special needs. Some mental illnesses like PTSD, schizophrenia or bipolar disorder do not discriminate people by social-status, gender, or age per se. Many elderly people living alone often feel isolated by the confinement of their own homes where they may need outreach services to go see doctors or to get groceries. Children in the Southeast sector are living with the daily stress of violence and many are showing early signs of mental illnesses. So we need to have early intervention and prevention programs.

We are looking for ways to get through this financially difficult period because of the budget cuts, and every section had to do both administrative and service cuts. A \$6.6 million administrative cut or 50 positions were eliminated. A hiring freeze is another way to contain budgets, and we already have been under a position freeze for the past eighteen months.

Sometimes we substitute grant funds for general funds. For example, Westside clinic was cut by \$1 million in general fund, but grant funds reinstated the cut. When possible, we transfer civil service staff to grant funds to save the general fund.

Many behavioral health services can be addressed by primary care under the Healthy San Francisco plan. Many people have different perspectives on substance abuse and mental health. MediCal only provides funds for mental health.

Managers running substance abuse residential services are in the process of developing standards for entry and discharge. After nine months, for example, in recovery, patients with substance abuse should not be sent to the streets but should receive priority for the next level of care. SFGH only has acute care services for mentally ill people.

I have heard that the general fund provides about 60% - 90% of the operating budgets for many non-profit organizations. As the Director of Community Programs, I have assembled a group of 125 people from stakeholders, providers, and community leaders to help me navigate through these difficult times, and we meet monthly. We have tried to ask CBOs to consider options like program mergers, collaborations and consolidations as ways to reduce costs.

In summary, the \$100 million cut in the general fund requires us to consider many different options. We have saved \$6.6 million from administrative cuts. In lieu of general fund, the Westside clinic received grant funds and we hope to substitute grant funds for the general fund. We expect to get \$37 million. Under the Healthy San Francisco plan, more mental health clinics can be operated in conjunction with primary care clinics."

Mr. Keys: "We are fortunate to have Ms. Garcia here. The Mental Health Board has worked hard to increase services in the Southeast sector."

Ms. Garcia: "Healthy San Francisco provides both primary care and mental health services for all people in San Francisco."

Dr. Jones: "Is there a way to bill peer-support services to MediCal like other states in the union?"

Ms. Garcia: "California is on the bottom of the totem pole in getting MediCal reimbursements from the Federal government. We need to develop strategies to increase reimbursement permanently in term of reimbursement dollars and time. Substance abuse is totally dependent on general fund."

Dr. Jones: "Why is the reimbursement so low for California?"

Ms. Garcia: "California has sent the following powerful women to Congress like Congresswomen Ms. Nancy Pelosi, the Speaker of the House of Representatives, Senator Barbara Boxer and Senator Diane Feinstein. We are hopeful that we can increase the reimbursement amount."

Ms. King: "There seems to be some turbulence in the Family Mosaic Program."

Ms. Garcia: "Turbulence happens every time we make changes. We want to integrate Family Mosaic with other children's programs. Also Family Mosaic is a hybridization of civil service and contract staff where labor union issues affect the whole dynamics."

Dr. Jones: "Times are changing, and maybe it will help shift to better services."

Ms. Garcia: "This is an opportunity to make good changes to become better at what we are doing to improve the quality of services. We want people to go to the same place for primary care and mental health."

Ms. King: "Does the cut in the budget include housing for people when they get out of a program?"

Ms. Garcia: "No, we still have housing as a priority. We have places such as Baker Places as housing bridges for these people."

Ms Wright: "Is Silver Avenue going to have a big primary care?"

Ms. Garcia: "I would like to move the Southeast sector's children's program to Silver Avenue. But I try to do things that are important to the community."

Dr. Jones: "How are the needs of mentally ill people met through primary care?"

Ms. Garcia: "There are a number of clients who do not have a primary care doctor and we like them to be part of Healthy San Francisco where primary care will be provided."

Public comment relevant to Presentation 1

Dr. Boyce-Smith: He asked if we are in a new day with the integration of primary care and mental health and wondered if the psycho-social model is waning.

Ms. Garcia: "We have a general fund of \$100M short fall. MediCal generates revenues because we get reimbursement for mental health care. But substance abuse is supported by general fund only; therefore cutting will be the greatest in substance abuse."

Ralph Bend: He asked what Ms. Garcia's thoughts were on having primary care going to boarding care facilities to follow patients.

Ms. Garcia: "We have implemented such service."

Ms. Mayer: She stated that it would be helpful to know which programs will be eliminated in their entirety.

Ms. Garcia: "We try to avoid closing a program."

2. National Alliance on Mental Illness, San Francisco, Gifford Boyce-Smith, MD

Dr. Boyce-Smith: "I am here with Ms. Judith Mayer who is the Executive Director of NAMI-SF. I would like to give a brief history of NAMI which started in the 1970's by mothers who wanted to bring hope and comfort to families of people affected with mental illnesses because those people often feel stigmatized and socially isolated. NAMI provides connections to other families and social services such as education, advocacy and outreach, often at no cost."

Family-to-Family is a 12 week educational program about schizophrenia, bipolar disorder, panic disorder, borderline personality disorder, major depression and obsessive compulsive disorder, medications, side effects and adherence issues.

Peer-to-Peer is a 9 week program and has 18 consumers with three mentors to help people receiving mental health services to become more involved in their treatments and mentor them. The peer service is very popular because people with mental illness have talked about how they feel that a peer counselor can relate to their conditions more than people who have not experienced mental illnesses.

In Our Own Voice offers formal training with statewide NAMI to consumers who want to teach about mental health to behavior health court advocates and others. Public speaking puts a human face on mental conditions. San Diego, for instance, has a large number of people in partnership in the program. NAMI-SF would like to have more candidates and venues for speaking engagements.

NAMI meets on the 3rd Wednesday of each month at 1010 Gough St. Our next meeting will be on April 15, 2009. On May 3rd at the Golden Gate Park there will be the annual NAMI walk. Please spread the word and join us in the walk

NAMI is very concerned about the impact of the City budget because the Family-to-Family program is starting at the Veteran's Hospital. The hope is that the Board of Supervisors would oppose the cuts. Meanwhile, other funding sources are being sought to keep the program running. For example, the Police Crisis Intervention Training (PCIT) would be a good source for us to collaborate with."

Ms. Mayer: "I would like to acknowledge board member Ms. LaVaugh King for her dedication to Family-to-Family and the Healing Circle."

Mr. Wishom: "I did the NAMI Walk and have participated in In Your Own Voice."

Dr. Jones: "I am interested in the movement of using peer services for outreach and counseling because often people with mental illnesses need someone who can understand their feelings. Are peer counselors being compensated well enough because some peer-counselor models have low fees?"

Dr. Boyce-Smith: "Peer counselors are compensated for their services."

Dr. Jones: "In some states, peer programs can bill \$42 per hour because Medical does not pay for peer services. Are we using the service to reduce costs and why are we not using NAMI?"

Ms. Mayer: "We need more of a central clearing house for these ideas."

Public comment relevant to Presentation 2

Ms. Jackson-Lane: She is a lawyer, works with foster care children and has just started the NAMI training. She finds that counties do not know mental health services are available. She suggested that maybe the MHB and NAMI could collaborate together to get information out about services.

Ms. Mayer: "Our Family-to-Family and In Your Own Voice are peer models."

ITEM 4.0 ACTION ITEMS

4.1. Public comment

No public comments.

4.2. Resolutions

4.2. a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of March 11, 2009 be approved as submitted.

Resolution unanimously approved.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

The next Police Crisis Intervention Training (PCIT) will be April 20 to April 23.

5.2 Report of the Chair of the Board and the Executive Committee:

5.3 Report by Members of the Board on Their Activities on Behalf of the Board.

Ms. King: "Meetings in the Southeast sector are on community wellness. We are looking for mergers and collaborators in Visitacion and Bayview."

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Officer Dunn: "I am a little bit concerned that the system would move people with mental illnesses through primary care doctors who then make referrals for mental health care"

Mr. Njoroge: "As a holistic health practitioner, I have heard the term "Wellness" being used a lot. I would like focus on the definition of wellness as a part of wellbeing or as a whole wellbeing."

5.5 Public comment relevant to Item 3.0

No public comments.

ITEM 6.0 PUBLIC COMMENT

No public comments.

Adjournment

Meeting adjourned at 8:35 PM.

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, May 13, 2009
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

CALL TO ORDER

05-06-09A11:00 RCVD

ROLL CALL

GOVERNMENT
DOCUMENTS DEPT

AGENDA CHANGES

MAY - 6 2009

Item 1.0 DIRECTORS REPORT

SAN FRANCISCO
PUBLIC LIBRARY

For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Updates

2.2 Public Comment

Item 3.0 PRESENTATION: COMMUNITY BEHAVIORAL HEALTH SERVICES MEDICAL DIRECTOR PRESENTATION BY AARON CHAPMAN, MD, MEDICAL DIRECTOR.

For discussion.

3.1 Presentation: Presentation: Community Behavioral Health Services Medical Director Presentation by Aaron Chapman, MD, Medical Director.

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 Proposed Resolutions

4.2.a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of April 8, 2009 be approved as submitted.

4.2 b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board meeting the second Wednesday of the month for the month of August, dated August 12, 2009 will be canceled.

Item 5.0 REPORTS

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment

Item 6.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
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SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhsf.org
www.mhsf.org
www.sfgov.org/mental_health

UNADOPTED MINUTES

Mental Health Board

Wednesday, May 13, 2009

City Hall, Room 278

San Francisco, CA

GOVERNMENT DOCUMENTS DEPT

JUN - 4 2009

SAN FRANCISCO PUBLIC LIBRARY

BOARD MEMBERS PRESENT: James L. McGhee, Chair; Jagruti Shukla, MD, MPH, Vice-Chair; M. Lara Siazon Arguelles; Bridgett Brown; LaVaughn Kellum King; Susan McIntyre; Tom Purvis (by telephone); Njoroge Tho-Biaz, M.A; Hale E. Thompson; Lisa Williams; Errol Wishom; and Virginia Wright.

BOARD MEMBERS ON LEAVE: James Shaye Keys, Secretary, Officer Kelly Dunn, and Mary Ann Jones, PhD.

BOARD MEMBERS ON ABSENT:

OTHERS PRESENT: Robert Cabaj, MD., Director of Community Behavior Health Services (CBHS); Aaron Chapman, MD., Medical Director of CBHS; Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Florence Fee, JD., No Health without Mental Health (NHWHL); Roger Kat, Caduceus Outreach Services; W. Yu; Laura Barber; Janet Brown; and Ray S. Hellmann, National Alliance on Mental Illness (NAMI).

CALL TO ORDER

The meeting was called to order at 6:43 PM.

Dr. Shukla: "I would like to first welcome our new board member, Susan McIntyre, who was just appointed to a consumer seat by Supervisor Sean Elsbernd. Later in the meeting we will ask you to briefly introduce yourself.

ROLL CALL

Mr. Proffitt called the roll.

AGENDA CHANGES

No agenda changes were made.

ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Dr. Shukla: "Dr. Bob Cabaj, the Director of Community Behavioral Health Services (CBHS) will give the Director's report and then follow that with the Mental Health Services Act Updates."

Dr. Cabaj: "The San Francisco Health Commission was very pleased with the MHSA outcomes at our recent meeting. Mr. Keys who is on the Mental Health Board of San Francisco attended the meeting and was also pleased with the outcomes.

CBHS, which oversees the behavioral health services at the Walden House, was awarded a \$3.8 M grant for the Integrated Services for Mentally Ill Parolees Project by the California Department of Corrections and Rehabilitation. The project is for three years and for a total of 45 Walden House clients who would benefit from non-recidivism through intensive case management, skills training, advocacy and recovery support.

Without closing down behavioral health services for older adults, CBHS has reorganized and redistributed resources in staffing and programs for the older-adult population. For monolingual older adults who speak Cantonese or Spanish, the redistribution of staffing with language skills enables these older adults in the Central City, Tenderloin, South of Market, Chinatown-Northbeach, Bayview/Southeast sector, and Sunset areas of the city to have access to behavioral health. The Southeast Mission Geriatric Services (SEMG) program will be relocated to the OMI CBHS Clinic at 1701 Ocean Avenue; so Outer Mission and Bayview Hunters' Point older adults can have access to behavior health care.

For adults suffering from severe mental illness and who want to work in nursing, carpentry, hospitality, or as an administrative assistant, the Citywide Case Management (CWCM) Supported Employment Team can offer them Competitive Employment in the Community, Stipend Employment in the Community, Stipends at the Center, Volunteering, and Education/Training Programs. These programs also do outreach to business establishments, so that these adults can obtain competitive employment placements

The California Department of Mental Health has been pleased with a number of programs or proposals that we recently submitted for funding support. Besides approving the Capital Facilities Component Plan on May 5, 2009, they approved the Prevention and Early Intervention (PEI), and the Workforce Development, Education and Training (WDET) plans. In other words, DPH has committed to fund these plans. Our next step in the process is request for proposals (RFP) for these plans, and RFP's should be out sometime in the middle of June 2009.

Mr. Purvis: "Was there any money from the stimulus package allocated for mental health programs?"

Dr. Cabaj: "We have to apply for the money just like any other programs."

1.2 Public Comment

No public comments.

Monthly Director's Report

May 13, 2009

1. **CDCR Grant Awarded to CBHS.** Community Behavioral Health Services (CBHS) was awarded the California Department of Corrections and Rehabilitation (CDCR) Integrated Services for Mentally Ill Parolees project. The program is a collaborative effort between CBHS and Walden House, a community based organization. Both organizations have extensive experience both with serving the mentally ill and specifically with the mentally ill offender population. The program is designed to provide intensive case management, skills training, advocacy and recovery support to parolees managing significant reentry challenges including mental illness, addiction, homelessness, poverty, institutionalized patterns of behavior, and poor social support. The program services are arrayed in order to help clients avoid re-incarceration and the need for emergency services; meet survival needs; create and maintain a foundation for wellness and recovery; and have a better quality of life. CDCR has asked the collaboration to service an additional 20 clients, thus extending the contract to serve a total of 45 clients annually, for three years. The contract award is in the total amount of \$3.8 million.
2. **CBHS Older-Adult Services Reorganization.** Because of the steadily increasing demand for older-adult behavioral health services, including in particular among monolingual older-adults in under-covered areas, and the impact of prior, current and proposed budget reductions which has reduced older-adult staffing significantly in the last two years alone, Community Behavioral Health Services (CBHS) is reorganizing some of its civil service staffing/programs serving the older-adults to better address the needs of this population.

The Southeast Mission Geriatric Services (SEMG) program will be relocated to the OMI CBHS Clinic at 1701 Ocean Ave., in order for the OMI Clinic to provide infrastructure support for the small SEMG program. The relocation of the SEMG program into OMI will ensure sufficient availability of officer-on-duty, client outreach, crisis response, and staffing for client reception for this older-adult program. At their new OMI location, this team will continue to have a dedicated caseload of older-adult clients, and will function as a distinct older adult multidisciplinary team. The move also allows the SEMG program to be more centrally located to the clients they serve in their catchment area, many of whom live in the Outer Mission and Bayview Hunters' Point neighborhoods. This move will be implemented with ample time of at least three months for clients to be prepared and transitioned.

CBHS is also redistributing older-adult staff with linguistic proficiencies to allow for improved access for monolingual Cantonese speaking and Spanish-speaking older-adult clients. This includes bolstering older-adult linguistic capacity via adult clinicians with language skills taking older-adult clients. Through staff reassignments, CBHS plans to have Cantonese-speaking older adult capability in the Central City, Tenderloin, South of Market, Chinatown Northbeach, Bayview/southeast sector, and Sunset areas of the city (all areas covered by our civil-service mental health clinics for older-adults), as well as Spanish-speaking older-adult capability at Central City Older Adults (CCOA), OMI, and Mission Mental Health civil-service CBHS clinics.

This reorganization of the older-adult services will be led by Charles Rivera, newly appointed Director for the CBHS Older Adult System of Care. Charles comes to us with over 20 years of working with older adults - as a director of older adult residential treatment programs with Progress Foundation, former director of both the CCOA and SEMG clinics, and most recently, the director of Laguna Honda Hospital's older adult outpatient programs. Recently, Charles was instrumental in successfully transitioning the LHH outpatient programs from a 30 year old auxiliary site to a newly refurbished facility within the hospital - accomplished with no interruption in services to patients. Charles takes over from Tom Mesa as Older-Adult Director. Tom's extensive expertise in behavioral health programming and agency organizational development is now much-needed in the newly-formed DPH Community Programs contract development and compliance office. His work in leading the older-adult system is very much appreciated. Thank you Tom!, and welcome Charles.

CBHS is committed to maintain a distinct and dedicated Older Adult System of Care, and to address the growing behavioral health service needs of older-adults. New policies will be implemented soon in the adult CBHS system to help the older-adult staff take care of the front end volume of new older-adult client referrals, including adult programs holding on to their clients who turn 60, assisting in older-adult crisis call requests, and in adult programs also taking older-adult client referrals (as they are actually already doing) with the provision of consultation from the specialty older-adult clinicians as needed. It is our hope at CBHS that the above initiatives will provide much-needed back-up for the older-adult system in this time of service cutbacks when there is yet no room for outlays of additional behavioral health resources toward the growing aging population.

3. **Supported Employment Team**, Getting Competitive Jobs for Clients. An innovative employment program within the UC Citywide Case Management -Forensic Program has been working with adults suffering from severe mental illness who want to work. The CWCM Supported Employment Team offers a menu approach to a wide variety of work options from which consumers may choose, including: Competitive Employment in the Community, Stipended Employment in the Community, Stipends at the Center, Volunteering, and Education/Training Programs. The program has been very successful in outreaching to businesses and establishments to obtain competitive employment placements in the community for clients, including the following jobs/positions: nurse, dishwasher, environmental custodian, event staffers at the Convention Center, In Home Support Services (IHSS) Worker, musician, commercial painter, poll watcher, supermarket bagger, valet parker, carpenter, concierge, and more. In the Stipended Employment in the Community option, CWCM approached employers and recommended their clients to work at those businesses, with CWCM paying for the client's stipend for two months. At the end of this trial-employment period, the business makes the decision on whether or not to hire the client. With the economy in recession and the rate of unemployment rising, the ability to use stipends with community employers has been particularly effective. An employer is much more likely to give clients a chance for employment because the stipend program offers no financial risk for them for two months. Examples of stipended positions that have been created by CWCM in the community include: preparation cook for a South of Market restaurant, custodian at a parking garage, assistant at a large chain bookstore, assistant at an art gallery, volunteer at St Anthony's Kitchen, administrative assistant

at KQED, and more. Congratulations to the UC CWCM Supported Employment Team on truly making a difference in clients' lives!

4. **San Francisco Children System of Care Nomination of Therapeutic Drumming Practice at Instituto De La Raza.** The University of South Florida, through a grant funded by SAMHSA, selected the Therapeutic Drumming Practice at Instituto Familiar De La Raza (IFR) as a model to study an evaluate its efficacy as a Community Defined Evidence Practice. The Therapeutic Drumming is one in six national models being considered for this honorable status. If the approach is found to meet the criteria of Community Defined Evidence Practice, it will be listed in the national directory of SAMHSA, as a culturally appropriate, community defined evidence intervention and clinical practice.

The Therapeutic Drumming was developed by Sal Núñez, PhD, a psychologist at IFR, full-time faculty member at City College of San Francisco, and founder of Healthy Drumming®. Initially, the practice was designed to engage at risk youth in the Mission District in positive community building, cultural affirmation, and age appropriate intervention. The model is rooted in indigenous medicine which integrates ancestral wisdom, plant medicine; sensory-motor, ecology of space, sound, and spirit to facilitate a holistic healing process. It also blends conventional and traditional principles, and has evolved into a theoretical model, comprised of scientific, empirical, and clinical applications. Since its inception ten years ago, the practice has expanded to include a weekly drumming group for youth (Thursdays from 5:00PM - 7:00PM), a monthly healing circle for violence prevention workers in the Mission District, and a quarterly community drumming circle for all. The drumming practice is also integrated into community celebrations and used to facilitate trauma recovery debriefing events. For additional information please contact Dr. Sal Núñez at 415-823-6437 or Dr. Estela Garcia, Executive Director of IFR at 415-229-0550.

5. **Mental Health Service Act (MHSA) Update**

HEALTH COMMISSION RECEIVES FIRST MHSA UPDATE

Dr. Robert Cabaj and Dr. Alice Glehorn addressed the May 5 meeting of the Health Commission, giving them an overview of the current status of MHSA programs and services. The Commission appeared quite pleased with the outcomes data and would like for us to report regularly with MHSA updates and include them in future local planning and approval processes. They would also like to see future resolutions to the Board of Supervisors include notification to the Health Commission. We were commended for doing a great job.

CAPITAL FACILITIES COMPONENT PLAN APPROVED

The Department of Mental Health approved the Capital Facilities Component Plan proposal on May 5, 2009. Separate from the Component Pan are individual project proposals, which outline the purpose and description of the project and the amount of funds requested. The first project proposal is the renovation of the Silver Avenue Family Health Center, to add more space for

integrating behavioral and primary care staff at this site. The proposal was posted on the website for public review and comment through May 10, 2009. Any comments will be incorporated in the proposal and the revised version will be submitted to DMH very shortly.

CMIHDA CHANGES POSITION ON PROPOSITION IE FROM NEUTRAL TO OPPOSED

The California Mental Health Directors Association has issued a statement recording its opposition to Proposition IE on the May 19 Special Election, moving away from its previously-held neutral position. Citing the impact that the proposed diversion of MHSA funds would have on the more than 600,000 mental health consumers served in all 58 counties and the many thousands who still remain unserved, the CMHDA maintains that a \$460 million diversion of funding will severely reduce counties' ability to serve the people in our communities with serious mental illnesses who turn to county mental health programs when no other assistance is available. Because of funding through the MHSA, counties are providing effective mental health and support services in our communities, and diverting people with mental health needs from much more costly consequences, at the same time realizing significant savings for taxpayers. The CMHDA also points out that during this time when all health and human service programs are being sharply reduced, MHSA provides one of the few flexible funding streams available to counties to meet the needs of their most severely mentally ill local residents. For more information regarding the impact of Proposition IE, feel free to contact CMHDA through Patricia Ryan at (916) 558-3477.

MHSA ADVISORY COMMITTEE MEETINGS:

We are currently in the process of recruiting new members to sit on the MHSA Advisory Committee. If you have a desire to showcase your own particular skills and participate with others as we collectively work to transform programs and services under the MHSA, please contact Kevin Ledbetter at kevin.ledbetter@sfdph.org, so that we may include you as we work to update the Committee roster.

The Mental Health Services Act Advisory Committee meets bi-monthly from 3-5 pm, alternating between advisory meetings and community forums. The next scheduled meetings are:

Wednesday, June 17, 2009
Advisory Committee
1380 Howard Street
San Francisco, CA 94103

Thursday, August 20, 2009
Community Forum
Location: TBD

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Updates

Dr. Shukla: "There are no specific Mental Health Service Act updates this evening other than the items already mentioned by Dr. Cabaj."

Dr. Cabaj: "I would like to keep the Mental Health Board of San Francisco abreast of the following. This Friday Mayor Gavin Newsom is expected to negotiate with Dr. Mitchell Katz along with the Health Commissioners on budget cuts. In spite of the pending cuts, CBHS is working hard not to eliminate behavioral health programs. We originally thought there would be a \$100 M in shortfall or about 65% of the CBHS's total budget, but that gap may actually be narrowed down to less than that, according the recent discussions in CBHS. However, CBHS contractors are still needed to be informed of possible cuts in funding. I am hoping that we keep the essential core services and to have some flexibility to expand programs."

Dr. Shukla: "I believe it is a shame to cut preventive care mental health programs!"

Mr. Purvis: "The National Alliance on Mental Illness has been meeting recently and has been concerning about the lack of publicity on cuts in mental health and substance abuse services."

Dr. Cabaj: "I believe that both NAMI and MHB can collaborate together to call a press conference to bring about more public awareness on cuts in mental health and substance abuse programs.

2.2 Public comment

No public comments.

Item 3.0 PRESENTATIONS: COMMUNITY BEHAVIORAL HEALTH SERVICES MEDICAL DIRECTOR PRESENTATION BY AARON CHAPMAN, MD, MEDICAL DIRECTOR.

3.1 Presentations: Community Behavioral Health Services Medical Director Presentation by Aaron Chapman, MD, Medical Director

Dr. Shukla: "Dr. Chapman has been with CBHS for 13 years and the medical director for four years with a brief sentence at San Quentin a while ago. He attended Medical School at Temple University, then did his residency for psychiatry at Stanford University."

Dr. Chapman: "Thank you for having me. I am a psychiatrist by training with administrative functions. There are approximately 60 psychiatrists including several nurse practitioners who report to me directly. My clinical practice includes psychotropic medication management for patients with co-occurring mental and substance abuse disorders at Tom Waddell Health Center, which is a City and County primary care clinic.

The wellness of a person includes not only physical health but mental health as well. The overall health risks are greater for some people with co-occurrences or co-infections such as untreated mental illnesses, substance abuse and HIV/AIDS. Coordinating care for patients with medical and mental health needs is a part of the continuum of community behavior health services that address total patient wellness. My direct patient contacts are with adult and older adult populations.

During my 13 years with CBHS, I was on a brief hiatus with the California Department of Corrections at the San Quentin prison. Many people at San Quentin are recidivists with untreated mental health illness.

Now, I want to open up the presentation with questions about medical services."

Ms. Brown: "Thank you for taking time out of your busy schedule to be here. Did you follow the behavioral health of inmates when they got out of the prison?"

Dr. Chapman: "The segmentation of the Criminal Justice system made it difficult to maintain continuity with patients. During the incarceration period, I was able to provide treatments. But when that patient is transferred to another unit, even if the transfer was in the same prison area, I was no longer that patient's psychiatrist. After the incarceration period, I was unable to keep track of them as the Parole Outpatient Clinics are a separate system."

Ms. King: "How many primary care doctors do we have in the CBHS system? Do you have the figure?"

Dr. Chapman: "Primary care doctors are under the Community Health Network (CHN). Dr. Michael Drennan is the Director of Community Oriented Primary Care (COPC). He would be able to provide that information."

Ms. King: "How do people access care if they do not qualify for the Healthy San Francisco program?"

Dr. Chapman: "Primary care services under Healthy San Francisco are administered under the CHN. It might be better for the Mental Health Board of San Francisco to invite Dr. Michael Drennan to talk about primary care."

But, let me give you an example on how mental health and primary care cross paths under Healthy San Francisco by talking about treatment for hepatitis virus C. The primary care, which is CHN, has jurisdiction over medical treatments.

During the treatment, both psychiatric and medical care providers coordinate with each other because of the use of Interferon, which is an FDA approved weekly injection, which can induce depression in people who never had depression. Thus the overall wellness of such a patient requires the intervention of both medical and behavioral health services."

Dr. Shukla: "In the scenario of a mental health provider, whose funding is eliminated by the budget cuts, are there possible problems for a primary care doctor who may not have the skills to care for the patients in need of both types of services?"

Dr. Chapman: "Having been in CBHS for a long time, we do have programs and providers offering multiple services."

Mr. Purvis: "What are the barriers to overcome cuts for behavioral health care?"

Dr. Chapman: "That is a good question that has many components.

Revenue is one component, for example. The State funding does not always provide payment for certain behavioral services. When I provide psychiatric care to Tom Waddell Health Center, which has many patients with co-occurring disorders, it is difficult to generate revenue for services.

Another component is how behavioral health systems provide direct patient care. Let us compare the patient-doctor visiting process between primary and behavioral health. In primary, a patient often is prescreened by a team of allied health care providers for vital statistics like blood pressure.

heart rate, temperature, weight measurement. Then, the patient is escorted to an exam room to see a primary doctor. But in psychiatry, the prescreening process is not there."

Mr. Purvis: "I am a member of National Alliance on Mental Illness (NAMI). Recently, reporters from the Chronicle have been coming to NAMI to write articles about the lack of public awareness about funding cuts for mental health. Do you have any suggestions on creating public awareness?"

Dr. Chapman: "The Mental Health Board of San Francisco and NAMI can co-sponsor a public forum to discuss the budget cuts."

Ms. Brown: "How many psychiatrists work in the Southeast Sector?"

Dr. Chapman: "We have psychiatric contractors in the Bayview Hunters Point area. I have worked closely with Dr. Ramona Davis. But I do not know the exact figure. I recognize there is a shortage of psychiatrists."

Ms. King: "Is there anything being done about the shortage of psychiatrists for the Southeast Sector?"

Dr. Chapman: "The scarcity is not because of lacking support per se. But it is more about finding psychiatrists and providers with culture competencies who are willing to work in the area. I suspect that many psychiatrists are concerned about their personal safety."

Ms. King: "How do seniors in the Southeast Sector get behavioral health services because the area is still underserved?"

Dr. Chapman: "I understand the shortage for the Southeast Sector's seniors has not been rectified. I am very happy to have a one-on-one meeting to get involved in advocacy."

Ms. King: "I live in the community and would like to extend an invitation for you to come to our next community meeting."

Dr. Chapman: "I will make myself available to attend your community meeting. I will check my calendar and follow up with you tomorrow."

Mr. Tho-Biaz: "I was a provider in Illinois and have seen a lot of health disparities in African Americans and Latinos in behavioral health. The stigma of mental illness is a big threat to discourage people from engaging in treatment. I have found that non-traditional ways like counseling at a ball-game can have a positive impact."

Dr. Chapman: "Putting counselors on ball park benches or at a barber shop is thinking outside the box. In San Francisco we have tried to engage homeless people in behavior health treatments, and we have further to go.

For example, our quarterly Project Homeless Connect event serves as a central hub to connect homeless and disadvantaged people to services. Services include obtaining personal identification cards, to health and human services."

Mr. Thompson: "Can you elaborate on how transgender people with mental health needs are being met?"

Dr. Chapman: "Both the Tom Waddell Health and the Mission-Castro clinics have specific programming for transgender patients. They can get medical care like hormone therapy as well as having access to psychiatrists and counselors for behavioral health."

Mr. Thompson: "Many transgender males who became infected with HIV feel their care is inadequately handled with sensitivity. How well is CBHS integrating with HIV testing?"

Dr. Chapman: "The Ward 86 is an example of integrated HIV treatments and mental health. CBHS is well-integrated in a comprehensive continuum of HIV treatments but not necessarily in HIV testing."

Ms. McIntyre: "I would like to comment that men often have difficulty engaging in behavior health treatments; The Drumming Circle is a good idea."

3.2 Public Comment:

Mr. Hellmann: He asked Dr. Chapman to elaborate on the Center for Special Problems.

Dr. Chapman: "The Center for Special Problems is being moved or consolidated because the rental expense is cost prohibitive."

Mr. Katz: He was from Caduceus. He suggested that building renovation projects should be done by hiring youth so they learn trade skills. He expressed concerns that Caduceus may lose funding and that the program may be eliminated.

Dr. Shukla: "Regarding the funding for Caduceus, please see Ms. Helynna Brooke who is the executive director of Mental Health Board and who can facilitate your concerns at our executive committee meeting."

Dr. Chapman: "Thank you to the board and the public for your comments."

ITEM 4.0 ACTION ITEMS

4.1. Public comment

No public comments.

4.2. Resolutions

4.2. a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of April 08, 2009 be approved as submitted.

Resolution unanimously approved.

4.2 b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board meeting the second Wednesday of the month for the month of August, dated August 12, 2009 will be canceled.

Resolution unanimously approved.

ITEM 5.0 REPORTS

Dr. Shukla: "Ms. Brooke will now give a brief report"

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke: "Tonight, Mr. Keys is being honored by the Mental Health Association (MHA), and Ms. McIntire was appointed by Supervisor Sean Elsbernd."

Program Reviews are coming up soon, and I have been setting up board member visits to various programs. In this budget cut period, I have found sometimes that a board member's passionate advocacy for a program in front of the San Francisco Board of Supervisors or the Health Commission has prevented that program's risk of losing funding."

5.2 Report of the Chair of the Board and the Executive Committee:

Mr. McGhee: "I was very proud this evening of James Shaye Keys for receiving the award from the Mental Health Association.

Nearly half the board is planning on attending the CALMHB conference in San Jose June 19th through June 20th. If you haven't let Ms. Brooke know that you wish to attend, please do so this evening so you can be sure to have a reservation and a hotel room for the night. Your room and meals will be paid for."

5.3 Report by Members of the Board on Their Activities on Behalf of the Board.

Dr. Shukla: "Again, I would like to welcome our new board member, Susan McIntyre and ask you to say a few words about yourself and what areas of advocacy for mental health services interests you the most."

Ms. McIntyre: "My early experience of mental illness was having a dad with illnesses. I came to San Francisco when I was 21 years old to complete my education. I worked with HIV care and am passionate about reducing the stigma of mental illness. I am currently a research assistant at UCSF.

Ms. King: "The Southeast Group Meeting is making great progress."

Ms. Brown: "I will retire from the MHB after this month but will remain actively involved in the Police Crisis Intervention Training (PCIT)."

Mr. Purvis: "NAMI wants to work closely with the board and generate publicity and public awareness about mental health programs and funding cuts to programs."

Dr. Shukla: "Mr. Purvis, do you have any ideas on how to go about getting the publicity?"

Mr. Purvis: "The Chronicle Newspaper has been interviewing NAMI to help generating more public awareness."

Mr. Thompson: "This is my last board meeting because I will move to Minnesota for school; I was accepted into a PhD. Program in epidemiology in public health at the University of Minnesota."

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Mr. Tho-Biaz suggested that we have a presentation about the Wellness Recovery model.

5.5 Public comment relevant to Item 3.0

Ms. Florence Fee: She is Founder and President of No Health Without Mental Health (NFMH). She provided the non-profit organization's web link as www.nfmh.org. She was quoted as saying "Our mission is to demystify and humanize mental illness and remove the stigma that prevents those with mental disorders from seeking treatment and help."

ITEM 6.0 PUBLIC COMMENT

No public comments.

Adjournment

Meeting adjourned at 8:35 PM.

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, June 10, 2009
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

06-04-09PDT/09 RWD

CALL TO ORDER

GOVERNMENT
DOCUMENTS DEPT

ROLL CALL

AGENDA CHANGES

JUN - 4 2009

Item 1.0 DIRECTORS REPORT

SAN FRANCISCO
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For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Updates

2.2 Public Comment

Item 3.0 PRESENTATIONS:

- PREVENTION AND RECOVERY IN EARLY PSYCHOSIS PROJECT-- A COLLABORATION OF FAMILY SERVICE AGENCY, UNIVERSITY OF CALIFORNIA, SAN FRANCISCO AND THE MENTAL HEALTH ASSOCIATION OF SAN FRANCISCO (MHASF); BELINDA LYONS,

EXECUTIVE DIRECTOR, MHASF; BOB BENNETT, CEO, FAMILY SERVICE AGENCY OF SAN FRANCISCO; RACHEL LOEWY, PHD, UCSF DEPARTMENT OF PSYCHIATRY

- **GENDER APPROPRIATE BEHAVIORAL HEALTH SERVICES, SARAH ACCOMAZZO, MHB SPECIAL PROJECTS COORDINATOR**

For discussion.

3.1 Presentation:

- Prevention and Recovery in Early Psychosis Project-- a collaboration of Family Service Agency, University of California, San Francisco and the Mental Health Association of San Francisco (MHASF); Belinda Lyons, Executive Director MHASF; Bob Bennett, CEO, Family Service Agency of San Francisco; Rachel Loewy, Phd, UCSF Department of Psychiatry.
- Gender Appropriate Behavioral Health Services, Sarah Accomazzo, MHB Special Projects Coordinator.

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 Proposed Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of May 13, 2009 be approved as submitted.

4.2 b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Endorses the Guiding Principles of Budget Reduction Strategies Created by the San Francisco Human Services Network. (Attachment A)

4.2 c PROPOSED RESOLUTION: Be it resolved that the Mental Health Board will contribute \$125.00 to the National Alliance on Mental Illness Walk.

Item 5.0 REPORTS

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment

Item 6.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.
5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics



Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mentalhealthboardsf.org
www.sfgov.org/mental_health

MENTAL HEALTH BOARD

June 10, 2009

Attachment A

RESOLUTION (MHB-): THAT THE MENTAL HEALTH BOARD ENDORSES THE GUIDING PRINCIPLES OF BUDGET REDUCTION STRATEGIES CREATED BY THE SAN FRANCISCO HUMAN SERVICES NETWORK.

WHEREAS, San Francisco is facing a projected \$438.1 million deficit for FY 2009-10, a shortfall so enormous that the resulting budget reductions are likely to force a far-reaching redesign of our service system, and;

WHEREAS, Community Behavioral Health Services has spent years creating a strategic, cost-effective system of care with a focus on community-based treatment, and;

WHEREAS, a clear strategy and principles are essential to address our short-term crisis and;

WHEREAS, a comprehensive and inclusive planning process is essential to ensure the long-term capacity, sustainability and effectiveness of safety-net services to care for vulnerable San Franciscans, and;

WHEREAS, the Mental Health Board believes that our community has a moral and ethical duty to care for those people who are ill, suffering, in trouble, and in need, now, therefore,

BE IT RESOLVED, that the Mental Health Board urges the City and County of San Francisco to be guided by the following principles during this funding crisis:

1. Protect vulnerable populations
2. Use the lowest appropriate level of care; reduce reliance on more expensive care, and where appropriate, prefer community to institutional or out of county care.
3. Principle of recovery: preserving programs that operate from a recovery and resilience model.
4. Reduce services with the best ability to staff back-up versus closing facilities.

5. Minimize cuts to leveraged services such as MediCal, state and federal funds, private funds
6. Avoid cutting services whose closure will increase higher-end costs or shift costs to another department such as the police.
7. Need a planning process with fundamental elements, measurable criteria and planning that considers costs, inputs and outcomes.
8. Efficiencies and service disparities
9. Consolidation.
10. City and nonprofit equalization

SAN FRANCISCO MENTAL HEALTH BOARD



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1380 Howard Street, Suite 510
San Francisco, CA 94103
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mhb@mhsf.org
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UNADOPTED NOTES

Mental Health Board

Wednesday, June 10, 2009

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: James L. McGhee, Chair; James Shaye Keys, Secretary; M. Lara Siazon Arguelles; Mary Ann Jones, PhD; LaVaughn Kellum King; Susan McIntyre; Tom Purvis; and Errol Wishom.

BOARD MEMBERS ON LEAVE: Jagruti Shukla, MD, MPH, Vice-Chair; Officer Kelly Dunn, Lisa Williams; Njoroge Tho-Biaz, MA; and Virginia Wright.

BOARD MEMBERS ON ABSENT:

OTHERS PRESENT: Robert Cabaj, MD., Director of Community Behavior Health Services (CBHS); Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Noah King, Public Interest; Bob Bennett, CEO, Family Service Agency Of San Francisco (FSA); Rachel Loewy, PhD, University of California at SF (UCSF) Department of Psychiatry; Karey Fenderson, MHA-SF; Jessica Brandt, MHA-SF; Melissa Syropiatko, MHA-SF; Natalie Ortega, Program Coordinator, Lavender Youth Recreation & Information Center (LYRIC); Katherine Belcsak, Special Projects Involving Research, Action and Learning (SPIRAL) Intern; Marisa Hedgpeth, SPIRAL Intern; Florence Fee, JD., No Health without Mental Health (NHHM); Claudia Haas, Family of Consumers.

CALL TO ORDER

The meeting was called to order at 6:32 PM.

ROLL CALL

Ms. Brooke called the roll. No quorum was established for this meeting, so no votes were taken on any action items.

AGENDA CHANGES

Mr. McGhee: "Sarah Accomazzo, MHB Intern, will not be giving a presentation about the Gender Appropriate Behavioral Health Services Workgroup. Ms. Brooke will provide handouts and give a brief description. Ms. Accomazzo will give a full report in July."

ITEM 1.0 DIRECTORS REPORT

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JUL - 1 2009

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1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Mr. McGhee: "Dr. Bob Cabaj, the Director of Community Behavioral Health Services (CBHS) will give the Director's report and then follow that with the Mental Health Services Act Updates."

Dr. Cabaj: "We started integration of substance abuse and mental health services five years ago. On Friday June 5, 2009, Dr. Christine Cline of Zialogic conducted a consultation visit. Zialogic has worked with CBHS to assist us with our integration process. The next phase of integration is primary care.

Mayor Gavin Newsom is asking for \$4 million cut for this year and \$8 million cut for next year in the mega – RFP, instead of \$7 million and \$14 million. For the overall budget, one of the issues was the union vote. After the first voting of a "No", the SEIU Union did agree to a wage concession. This means some more money will be available.

The Innovation component of the Mental Health Service Act (MHSA) is moving ahead as if it will still be available, although, there is a small risk of the California State budget taking the money.

MHSA is currently our only source of new funding. We are moving forward with the Prevention and Early Intervention (PEI) MHSA plan and the Request for Proposals will be posted shortly. Ms. Marlo Simmons who has a Masters in Public Health is the new PEI coordinator for CBHS."

Mr. Keys: "My first comment is that Ms. Marlo Simmons as the new Prevention and Early Intervention coordinator has a great resume, but I do not see her mentioning anything about PEI for seniors. Secondly, can you elaborate on the 5% of Proposition 63 money being allocated to the Innovation component?"

Dr. Cabaj: "Although Ms. Simmons spent most of her career working with children and adolescents, I believe she may have transferable skills for PEI for older adults. Innovation is 5% of Community Services and Supports (CSS) and PEI money. The 5% allocation stipulates that all interested parties must apply for the money just like any other programs that are seeking funding support from MHSA."

Mr. Purvis: "Who is at risk for substance abuse?"

Dr. Cabaj: "In San Francisco, people at risk can be anyone but tend to be in a lower social economic strata and cultures experiencing discrimination. Prevention focus will extend to environmental as well as personal. For example, what impact will there be if we can close liquor stores in certain areas?"

Dr. Jones: "In March 2009, Dr. Nadine Burke did the Impact of Trauma And Stress on Physical Health presentation. She showed that early childhood traumas have long-term effects on children and many of them often develop chronic diseases in their adult lives. African Americans have many more chronic illnesses than the general population."

Dr. Cabaj: "I will follow up on Dr. Nadine Burke's research."

The biggest unknown is the State budget. There are talks about eliminating outpatient managed care for mental and behavioral health services. The State is looking at possibly having only inpatient care. There is a big effort to fight Governor Arnold Schwarzenegger for clarification.

There are talks about not raising taxes, but various fees are ways to get around that. This is tantamount to stealth tax. Or another way to manipulate the funding to counties is using different delay tactics such as not releasing necessary funding to some counties in a timely manner."

Mr. Keys: "Many people really do not understand the budget process. Has CBHS collected data to find out how budget cuts would affect emergency care and housing services?"

Dr. Cabaj: "We do not oversee those expenditures. Technically, no services are eliminated. 1582 people are affected by the Indigent cut. Since we have no real hard data showing impact, we need to count on the outcomes for the statistics."

Mr. Keys: "What types of mental health services generally get squeezed out by the budget cuts?"

Dr. Cabaj: "Mayor Gavin Newsom imposes the cuts to our budget. Usually, during tough economic times, substance abuse gets the first cut."

Dr. Jones: "Will money from MHSA be used to fund cut programs?"

Dr. Cabaj: "Yes, there will be some redirection of MHSA for programs or services eliminated. For example, AB2034, the Homeless Outreach program could use MHSA money."

Mr. Keys: "With regard to budget cuts, has there been effort to show the work that CBHS has done with MHSA funding?"

Dr. Cabaj: "We got a resolution about the good work that CBHS has done with MHSA."

Mr. Keys: "Has there been any efforts by CBHS with the MHSA funding to create new services given the budget cuts?"

Dr. Cabaj: "We always explore feasible options to ensure our core services in mental health are available and expand when possible."

1.2 Public Comment

Ms. Haas: Ms. Claudio Haas is with Family of Consumers and inquired about the availability for the public of research on the prevention and early intervention of schizophrenia, how the MHSA advisory committee operates and how staff get cultural competency training.

Dr. Cabaj: "The advisory meeting is open to the public. Cultural competency training is more technical and is designed for contractors."

Monthly Director's Report

June 10, 2009

1. Community Behavioral Health Services (CBHS) Integration

Dr. Chris Cline of Zialogic conducted a consultation visit with CBHS on Friday, June 5, 2009. During this visit, Dr. Cline met with the Integration Quality Improvement Committee, the Integration Advisory Committee; the Integration Implementation Workgroup and CBHS Program Managers; and the CBHS Core Executive Team. She also introduced, revised, and edited versions of the COMPASS and CODECAT tools, as well as an additional instrument, the COCAP- (Co-Ocurring Capability for Substance Abuse and Mental Health Provider Agencies- a tool for recognizing progress in systems and agencies.) The revised tools will be available for use during the next fiscal year.

2. Mental Health Service Act (MHSA) Update

MARLO SIMMONS MAKES HER DEBUT AS PEI COORDINATOR

Marlo Simmons, MPH is the new MHSA Prevention and Early Intervention (PEI) Coordinator for CBHS. Marlo was born and raised in San Francisco. For the last ten years, her career has focused on managing programs and supporting advocacy efforts promoting the health of children and adolescents. Before coming to CBHS, Marlo served for three years as the Adolescent Health Coordinator for the DPH Maternal, Child and Adolescent Health (MCAH) Section. In addition to supporting health programs for adolescents, Marlo was the lead staff for Mayor Newsom's Transition Youth Task Force. Prior to working for DPH, Marlo managed the California Adolescent Health Collaborative's Mental Health Policy Program. Her responsibilities on that project included: Monitoring mental health policy in California; writing the California Adolescent Mental Health Policy News, a web-based newsletter; participating in the Campaign for Proposition 63 and developing resources for providers working with out-of-home youth - those in foster care, the juvenile justice system, and homeless youth. Marlo's experience also includes working in a school-based health center and developing clinical tools and trainings to educate providers about California Confidentiality and Minor Consent Laws. We welcome her and her considerable talents to the MHSA team and to our CBHS family.

PARCEL G APPLICATION FOR FUNDING GETS THE GREEN LIGHT

The Community Housing Partnership (CHP) has been awarded approval for its funding application for the Parcel G project, at 365 Fulton Street. The total cost of development is projected to be \$38,028,751.00, covering the cost of 120 studio apartments with kitchenette and bathrooms, exclusively reserved for extremely low income, formerly chronically homeless individuals. MHSA will provide the funding of \$1,200,000 for 12 units to be dedicated for MHSA clients. Clients referred to this housing site will be supported by MHSA full service partnership providers. The site is scheduled to open in 2011.

INNOVATION COMPONENT SPARKS COMMUNITY INPUT AT SERIES OF MEETINGS

Four neighborhood meetings held in April on the Innovation component of the MHSA were met with enthusiastic and inspired ideas on how best to serve the mental health community from a diverse and dedicated group consisting of consumers, providers, administrators, and family members. A follow-up meeting on June 3, 2009, dealt with arranging all the submissions in clusters, based on their similarities. These ideas will next go before the MHSA Advisory Committee in June, for their review and consideration as part of the component plan.

COMMUNITY SERVICES AND SUPPORTS UNDUPLICATED CLIENT COUNTS FOR THE THIRD QUARTER

The table below shows the unduplicated client counts for the third quarter of this fiscal year reported to the Department of Mental Health. These counts have already exceeded the projected numbers we anticipated to serve for the entire year. Kudos to all the MHSA funded agencies for all their hard work and dedication.

MHSA Unduplicated Client Count
Fiscal Year 2008 - 2009
Third Quarter ended March 31, 2009

	CYF	TAY	Adult	OA	Total
Full Service Partnerships	234	47	281	39	601
General System Development	344	310	2,628	1,036	4,318
Outreach & Engagement	533	226	877	266	1,902
Total Served FY08-09 Q3	1,111	583	3,786	1,341	6,821

MHSA ADVISORY COMMITTEE MEETINGS:

The Mental Health Services Act Advisory Committee meets bi-monthly from 3-5 pm, alternating between advisory meetings and community forums. The MHSA Advisory Committee will take on a very active role in defining the projects to be funded through the Innovation Component. As a result of our campaign to recruit continued membership to this Committee, the next scheduled meeting will be comprised of established as well as newly recruited members. The next scheduled meetings are:

Wednesday, June 17, 2009
Advisory Committee
1380 Howard Street
San Francisco, CA 94103

Thursday, August 20, 2009
Community Forum
Location: TBD

3. Upcoming Training

Goals and Objectives for Cultural Competency Report-
Wednesday, July 15th and Wednesday, August 5th
9:00 am - 12:00 pm in the San Francisco Library, 100 Larkin Street

The “Goals & Objectives for Cultural Competency Reports” training will provide a step-by-step instruction and demonstration on establishing measurable cultural & linguistic competence goals and objectives for positive health outcomes. These goals and objectives will provide the essential elements of implementing and developing culturally and linguistically competent services that are sensitive and responsive to the needs of local community, and addresses issues of ethnicity/racial minority, age, gender, sexual orientation, and religious/spiritual beliefs. As

well, the goals and objective will provide a plan on how programs will involve clients and families appropriately in all aspects of service delivery system, including but not limited to: planning, policy development, services delivery, and evaluation. The training is recommended for DPH program managers and contractors who develop or review DPH required Cultural and Linguistic Competency Reports.

To register for this training, please contact Norman Aleman, CBHS Training Coordinator at 415-255-3553 or email norman.aleman@sfdph.org

Past issues of the CBHS Monthly Director's Report are available at:

<http://www.sfdph.org/dph/comupg/0services/mentalHlth/CBHS/CBHSdirRpts.asp>

To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Updates

Mr. McGhee: "There are no specific Mental Health Service Act updates this evening other than the items already mentioned by Dr. Cabaj."

2.2 Public comment

No public comments.

Item 3.0 PRESENTATIONS:

**PREVENTION AND RECOVERY IN EARLY PSYCHOSIS PROJECT-- A
COLLABORATION OF FAMILY SERVICE AGENCY, UNIVERSITY OF CALIFORNIA,
SAN FRANCISCO AND THE MENTAL HEALTH ASSOCIATION OF SAN FRANCISCO
(MHASF); BELINDA LYONS, EXECUTIVE DIRECTOR, MHASF; BOB BENNETT, CEO,
FAMILY SERVICE AGENCY OF SAN FRANCISCO; RACHEL LOEWY, PIID, UCSF
DEPARTMENT OF PSYCHIATRY.**

**GENDER APPROPRIATE BEHAVIORAL HEALTH SERVICES, SARAH ACCOMAZZO,
MHIB SPECIAL PROJECTS COORDINATOR**

3.1 Presentations:

**PRESENTATION I: Prevention and Recovery in Early Psychosis Project (PREP) -- a
collaboration of Family Service Agency, University of California, San Francisco and the
Mental Health Association of San Francisco (MHASF); Belinda Lyons, Executive Director
MHASF; Bob Bennett, CEO, Family Service Agency of San Francisco; Rachel Loewy, PhD,
UCSF Department of Psychiatry.**

Ms. Syripiatko: "I would like to introduce tonight a presentation called Prevention and Recovery in Early Psychosis Project (PREP). Thank you for allowing us to come and share our program with

you. PREP intends to transform the standards of care in schizophrenia treatment. This program is a collaborative creation of UCSF, Family Services Agency and Mental Health Association of San Francisco. We value the time you have taken to fit us into your schedule and hear about this innovative program. And, thank you for your support. We look forward to working collaboratively with you on the Mental Health Board, CBHS, Department of Public Health (DPH) and local providers as we develop and implement this exciting program. I would like to introduce you to Bob Bennett, President and CEO of FSA-SF, so he can share the PREP Vision."

Mr. Bennett: "I am with Family Services Agency of San Francisco (FSA-SF). There is a lot of schizophrenia in my family. Given that schizophrenia can be a genetic predisposition and having first-hand experience of seeking prevention and recovery in early psychosis treatment for a niece, I understand the frustration people go through in getting help for early diagnosis for psychosis."

The goal of current standard treatment is symptom management. In the American population, 1% will develop schizophrenia, 1% will be diagnosed with bi-polar disorder and 3% will have some kind of psychosis. In San Francisco, 6500 individuals have schizophrenia, 78% of schizophrenics do not even receive a minimally adequate medication regimen, according to the PORT project, and most of them die at least twenty years earlier through suicide, being a victim of violence, or side effects of medications.

Psychotic people sometimes will stop taking medications altogether to see if they are okay. Then, they end up being 5150'd again, and the cycle of over-medication, getting released and stopping medication will happen again.

Many people have perceived psychoses -- which affects not only the life of the individual, but also family, friends, and the larger community -- as an incurable disease, as an analogy, just as they did for early treatments for AIDS. But, now we have nucleoside/nucleoside reverse-transcriptase inhibitors (NRTI's) as medications to prevent full-blown AIDS. Professionals all over the US are showing new ways to symptom management and cognitive therapy. With our "Can Do" attitude, we hope to do more for people afflicted with psychoses because the reality is that remission, rehabilitation, recovery and respect are possible goals."

Ms. Loewy: "I'm from UCSF and a clinical psychologist with 14 years of research in early psychosis prevention. People can look normal for most of their childhood. Then, as they get older, they develop self-awareness and start to question their realities. They wonder why they hear whispers but others do not, or why they see things that may or may not be there. About a third of them develop full psychosis within two-and-a-half years."

Dr. Jones: "Is there any difference between the ages of early psychosis between girls and boys?"

Ms. Loewy: "Girls tend to develop psychosis later in their twenties or even thirties, probably because of the hormonal effects of estrogen, although we are seeing an increase in the development of earlier psychosis in females. Boys tend to develop psychosis in their late teens."

Mr. Purvis: "Why do some people not get it until in their 40's?"

Ms. Loewy: "Researchers have shown menopause may induce late age psychosis sometimes because of hormonal changes."

Ms. Loewy: "Now I am going to turn over to Ms. Syripiatko who will talk about Outreach."

Ms. Syripiatko: As part of outreach efforts, FSA will have speakers who have been through the PREP program."

Dr. Jones: "Are you reaching out to the non English speaking populations?"

Ms. Syripiatko: We have literature in several languages, like Spanish and Chinese. We are working on ways to make mental health access work. We have gone to schools to do outreach to Latino communities."

Ms. King: "Schizophrenia has at least 12 different types."

Ms. Locwy: "Yes, we have recognized many different types and there are twelve different diseases that are part of schizophrenia."

Mr. Keys: "The Mental Health Board is interested in the integration of primary care with mental health. Are doctors and clinicians in primary care being educated to recognize schizophrenia and psychosis?"

Ms. Lowery: "We try to put out research to clinicians so they can recognize signs of schizophrenia."

Mr. Bennett: "Psychiatrists and doctors are often reluctant to diagnose schizophrenia. Would it be good to have the process where primary care refers to mental health staff for clinical interventions? About a third of the people who have a schizophrenic episode will go through it. Bad or disrespectful care often leads to a downward spiral. The point of early intervention is to better the outcomes later because of the Strength-Based Care management. Too often, doctors just add medications on top of medications. We are looking at lowering the doses of medications."

Ms. Syripiatko: "In cognitive behavior therapy (CBT), we foster coping skills and support network development."

Mr. Purvis: "What happens to people who do not get treatment when they start showing signs in their 40's and now they are in their 70's? Is that because they have aged-out?"

Ms. Locwy: "It all depends. I advocate the early approach because younger people are more receptive and responsive. We prefer the early treatment because they have not been mistreated or stigmatized by society."

Dr. Jones: "Do you distinguish the difference between "case" management and "care" management?"

Mr. Bennett: "We do not like the term "case" management because the word "case" is pejorative. An illness does not define a person. We focus on treating the person as a whole. Not only in collaboration with UCSF, and MHB, but FSA is researching a systematic, strength-based approach to working with clients. Since July 2008, we have served over 66 clients to date, focusing on people who have had their first psychotic break within the last five years. The referral number is 415-476-7278."

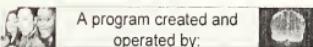
Ms. McIntyre: "PREP sounds like a very comprehensive program."

Public Comment:

Member of the Public: A member of the public wondered why it is so difficult to diagnose schizophrenia.



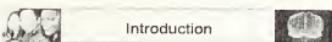
Transforming the standard of care in
early psychosis treatment



Family Service Agency of San Francisco

University of California – San Francisco

Mental Health Association of San Francisco



Melissa Syropiatko
Mental Health Association of San Francisco





Vision



Bob Bennett
Family Service Agency of San Francisco



PREP Vision



1. **Remission:** To stably remit schizophrenia in most sufferers through a combination of early detection, rigorous diagnosis, and an array of science based treatments.
2. **Rehabilitation:** To restore cognitive, social, and vocational functioning to normal levels
3. **Recovery:** To return individuals with schizophrenia to a normal, productive life
4. **Respect:** To approach treatment as a collaboration with clients to help them achieve their life goals



Nature of the Disease



- Schizophrenia is an illness that affects not only the life of the individual, but also family, friends, and the larger community.
- About 1% of the population is diagnosed with schizophrenia. This translates into 6,500 individuals in San Francisco, 60 million worldwide.
- Individuals with schizophrenia die, on average, 25 years early, through suicide, misadventure, and the side effects of medication.



Current State of Care



- The average person suffers from full-blown schizophrenia for almost three years before they are correctly diagnosed.
- The PORT project found that 78% of schizophrenics do not even receive a minimally adequate medication regimen.
- Most people with schizophrenia will alternate through repeated cycles of overmedication, treatment refusal, decompensation, involuntary hospitalization.
- Standard treatment aims at symptom management, not remission, rehabilitation, and recovery.



A Revolution in Treatment



- Stigma Reduction
- Early intervention
- Rigorous diagnosis
- Evidence based treatment
- A focus on remission, rehabilitation, and recovery using cutting edge approaches
- A deep commitment to collaboration with clients in recovery
- A deep commitment to outcome-driven care

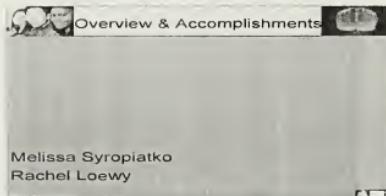
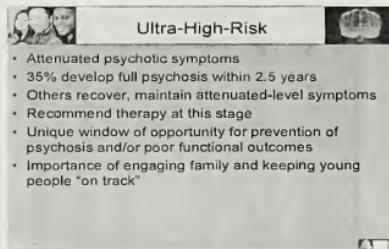
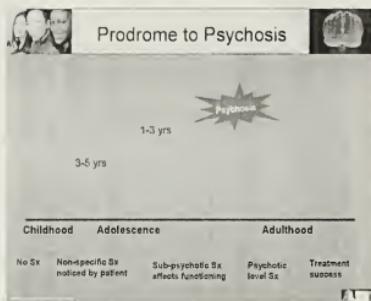


Prodrome



Risk for Psychosis
Rachel Loewy, PhD - UCSF







Outreach



Standard of Care

None

PREP

Pro-active outreach
Presentations and
materials given to
clinicians, community
groups and clients
Public health anti-stigma
campaign



Assessment



Standard of Care

Brief, unstructured, no
formal diagnosis
Results not provided or
explained to client and
family
Often "gloom and doom"

PREP

Comprehensive and
diagnostic-based
Strength-based, recovery-
oriented
Strong psychoeducational
component
Involves family early and
ongoing
Directly informs treatment



Treatment



Standard of Care

Bi-monthly 15-minute
medication management
Minimal case management
Frequent inpatient
hospitalizations

PREP

Cognitive Behavioral
Therapy (CBT)
Multi-Family Group
Evidence-based medication
management
Cognitive Training Software
Strength-Based Care
Management
Supported Education
/Employment (TBD)



Accomplishments to Date

- Formed collaboration of 3 organizations
- UCSF conducted 10 week Early Psychosis training & 12 week CBT training for FSA clinicians
- Regular FSA & UCSF staff case conferences & combined supervision
- Outreach: Materials designed & developed, mailings sent, presentations given
- Early psychosis was incorporated as a funded priority in the County's MHSA PEI Plan

Accomplishments to Date

- Funding obtained from Margoes Foundation, GAP Founders Award, private donors for start-up phase (July 2008- present)
- Hundreds of callers assisted
- Early Psychosis Consultation Clinic has seen over 40 clients since July 1, 2008 for evaluation, treatment recommendations and feedback to clients/ families

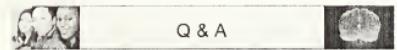
Accomplishments to Date

66 clients served to date, with combination of:

- Multi-Family Groups
- Individual Cognitive Behavioral Therapy
- Strength-Based Care Management
- Computerized cognitive training



- Onset of psychosis within past 5 years
- Generally up to age 35
- Any insurance or county of residence (generous sliding scale available for non-SF Medi-Cal)
- Family members needing support
- Clinicians seeking consultation
- Clinics seeking training



Referrals:

415-476-7278



PRESENTATION II: Gender Appropriate Behavioral Health Services, Sarah Accomazzo, MHB Special Projects Manager

Mr. McGhee: Ms. Brooke will pass out information about this group and provide a brief overview. Ms. Accomazzo will give a more detailed presentation in July. I know Ms. Brooke will also mention it, but I encourage all of you to go to the Women and Girl's Reception and Networking Event tomorrow evening from 4:00 pm to 6:30 pm at the San Francisco Women's Building. Assemblywoman Fiona Ma will be speaking and there will be a free raffle for lunch with Assemblywoman Ma. The MHB is a co-sponsor of this event with the California Women's Mental Health Policy Council."

ITEM 4.0 ACTION ITEMS

4.1. Public comment

No public comments.

4.2. Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of May 13, 2009 be approved as submitted.

4.2 b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Endorses the Guiding Principles of Budget Reduction Strategies Created by the San Francisco Human Services Network. (Attachment A).

4.2 c PROPOSED RESOLUTION: Be it resolved that the Mental Health Board will contribute \$125.00 to the National Alliance on Mental Illness Walk.

No votes were taken as no quorum had been reached.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke: "We are on target for Program Reviews. Although we are required to do five reviews, it looks like we will have about seven to eight reviews.

June 11 is the Women, Girls, and Behavioral Health: Where Do We Go From Here?" Reception and Networking event. The Guest Speakers are Assemblywoman Fiona Ma and Deputy Chief of Staff Catherine Dodd.

June 22 to June 25 is the Police Crisis Intervention Training (PCIT).

The annual report is coming out soon"

5.2 Report of the Chair of the Board and the Executive Committee:

Mr. McGhee: "I am glad that so many board members will be attending the CALMHB conference next weekend. Loy Proffitt will be going to the conference as well so that he can learn more about the mental health board. And because so many people need a ride and the hotel is a ways from the train station, Loy will be renting a van and driving to San Jose, leaving Friday at 11:30 am and returning at the end of the conference, leaving San Jose at 4:30 pm Saturday. Staff will be contacting you to arrange a place to meet."

5.3 Report by Members of the Board on Their Activities on Behalf of the Board.

Ms. King: "The Southeast Group Meeting is making great progress. The NAMI walk was successful. Our team the Families Against Stigma Team (FAST), raised \$1,300 for NAMI."

Mr. McGhee: "I want to congratulate you and Ms. Brooke for coordinating meetings in the Southeast sector."

Mr. Purvis: "The National NAMI conference will be in San Francisco this year in July. I will follow up with the board on this later."

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment relevant to Item 3.0

ITEM 6.0 PUBLIC COMMENT

Ms. Natalie Ortega, Ms. Katherine Belcsak and Ms. Marisa Hedgpeth submitted their comments.

Katherine Belcsak, SPIRAL Intern

We are a group of LGBTQQ youth from LYRIC (Lavender Youth Recreation & Information Center) in the SPIRAL internship. This is the second round of SPIRAL. The first took place last July and was partially funded by CBHS. SPIRAL seeks to empower queer youth by allowing them to use theater as an educational tool to share out their experiences with mental health and substance use services with the hopes of institutionalizing change. It is our recommendation that San Francisco raise the standard of cultural competency in behavioral health services for transitional aged queer youth, who are people between the ages of 16-24. We have come to this recommendation through our own day-to-day experiences and would like to share them with you.

Hi, I'm Kate. I'm 18 years old and I have struggled with severe depression and cutting. I'm here to express concern about the impersonal manner in which mental health care providers deal with youth.

When I was 15 years old, I started going to Dialectical Behavior Therapy, or DBT, a group therapy program for teenagers, most of whom were girls. We were there to learn skills to stop our various self-destructive behaviors. It was the first time I had ever been surrounded by girls who were openly dealing with problems that I could relate to. But the therapist refused to let us stray from the confines of our quote unquote "DBT Bible," a textbook of sorts that laid out our therapy lesson plans. This formulaic way of approaching therapy often got in the way of my healing; it was as if we were talking about my math homework as opposed to my desire to end my life. When my peers and I would start to share our stories with one another, our therapist would cut us off, insisting that we "get back on track." Her condescending attitude made it difficult for the group to trust her and this created an unproductive group-dynamic that yielded no therapeutic benefit.

As I have experienced the health care system, it is often implied that personal discussion of mental health issues should be left to an individual and her therapist. In a world where self-harm, eating disorders, and drug abuse continue to be taboo topics of discussion, it would have been really helpful for me to be able to talk openly about my struggles with my peers. Many providers operate under the assumption that we teens don't know what's good for us and that we need to be protected from each other's influence.

I assert that teenagers in a supportive environment can provide help for one-another, often in a more judgment free way than their therapists can. We need to be given that chance, the chance to say what works for us and what doesn't. Mental health care providers should not be trying to make patients fit their therapeutic formula; rather they should be tailoring their therapy to fit their patients. I believe that youth who have experienced mental health issues should be included in the process of hiring mental health-care providers. The youth are the ones being treated, so we should have a say in who is qualified to treat us. They should be trained in terms of the communities they are serving and this would then raise the standard of cultural competency.

Marisa Hedgpeth, SPIRAL intern

In San Francisco there are a total of about 5 organizations that supply queer youth with mental health services. These are New Leaf, Dimensions, Larkin Street youth center, CUAV (Community United Against Violence) and LYRIC. Not only are these organizations infrequently advertised but they are mainly located in the Castro or Downtown. Queer youth are everywhere there for support should be accessible everywhere they are. 20-40% of the youth who are homeless are queer. Not only is the experience of being homeless stressful but while also being in a 'hostile' environment. My suggestion would be to not cut funds but actually increase funding for queer friendly organizations. And open up new clinics and organizations in all districts not just the Castro.

Natalie Ortega, SPIRAL Program Coordinator

The standard of cultural competency in behavioral health services needs to be raised because of my experiences. I remember being eleven years old and storming up and down the stairs in my parents' house yelling, "I want a Kelly!" Kelly was my friend's therapist. I don't think I truly understood what the word therapist meant at the time, but I knew that my friend met with Kelly once a week to talk to about what she was feeling. My parents stood firm in their belief that I did not need to see a Kelly because I was not crazy.

Despite their wishes, I saw my first therapist when I was 18 after my brother was admitted to a drug rehabilitation center. My therapist was pregnant and after one session I was referred to someone else. After I graduated college I worked for an organization that supported folks through traumatic moments in their lives. I used my health insurance and started with my second therapist. She looked like me, was only a few years older than me and I remember how these things contributed a lack of feeling of judgment.

Shortly after I moved again and started with my third therapist. During our first session, our intake session, she used my tears and vulnerability to what I recall feeling as if I had been raped. I walked out after that session and was reluctant to give therapy another chance. However, I couldn't give up on my feelings and myself. After all, I had been the only one to give them a chance and I couldn't let myself down and so I met my fourth therapist. She was kind and nonjudgmental. She did not demand changes in my behavior, but met me where I was, which at the time was starting to come out. She could see a tear forming in the back of my eye and knew just how to keep the conversation going without forcibly extracting that tear. I especially appreciated this in her work. I moved again and started with my fifth therapist. The week before I was scheduled to have breast reduction surgery I went to see her to discuss my fears of dying while under anesthesia and she met that with the statement "Look down at your waist. You look like you have gained 15 pounds. Why don't you try and lose some weight instead of having surgery?" I walked out of that session and in my heart of hearts wasn't sure if I could do this again.

Last year I started with my fifth therapist, who I am still seeing. She is a feminist therapist who works with and understands social justice and anti-oppression frameworks and practices a harm reduction approach. With her I can discuss my internalization of

intersecting forms of oppression such as racism, homophobia and sexism (or Genderism as I refer to it, since for me gender is a socially constructed term).

I have been coordinating SPIRAL at LYRIC this past year with an incredible staff; two inspiring teams of interns and a community that is relentless in demanding change. This fall I am beginning a Masters in Social Work program at the University of Washington in Seattle. I hope to use my degree to further this work. My course of study will concentrate in social policy as I believe this is where my voice is most important. It has taken years for me to recognize the strength of my voice and I ensure you it will take more than an eternity to unlearn that. I am a queer, Colombian, Chilean, feminist, genderqueer activist, philosopher and I am taking up room.

In order to change this, my suggestion would be to use people like me in the community, who would suggest removing transgender identity disorder from the DSM-IV, to get this valuable input in order for therapy to be impactful. We are all here today supporting each other because this support is what we rely on to succeed. If we received this support through our behavioral health services, this would greatly benefit our lives and the lives of other queer youth using mental health and substance abuse services in San Francisco. Thank you for hearing us today.

Ms. Haas: She mentioned that in the recent news talking about the suicide of the Naked Man whom was incarcerated in the San Francisco County jail. She wondered what protocols are used to treat inmates who have mental illnesses while in police custody.

Adjournment

Meeting adjourned at 8:40 PM.



SAN FRANCISCO MENTAL HEALTH BOARD

Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, July 8, 2009
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

07-01-09P03:31 REV'D

CALL TO ORDER

GOVERNMENT
DOCUMENTS DEPT

ROLL CALL

JUL - 1 2009

AGENDA CHANGES

SAN FRANCISCO
PUBLIC LIBRARY

Item 1.0 DIRECTORS REPORT
For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Updates

2.2 Public Comment

Item 3.0 PRESENTATIONS:

- INTEGRATION OF PRIMARY CARE AND BEHAVIORAL HEALTH CARE:
MITCH KATZ, MD, DIRECTOR, DPH
- GENDER APPROPRIATE BEHAVIORAL HEALTH SERVICES, SARAH
ACCOMAZZO, MHB SPECIAL PROJECTS COORDINATOR

For discussion.

3.1 Presentation:

- Integration Of Primary Care and Behavioral Health Care: Mitch Katz, MD, Director, DPH
- Gender Appropriate Behavioral Health Services, Sarah Accomazzo, MHB Special Projects Coordinator.

3.2 Public comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 Proposed Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of May 13, 2009 be approved as submitted.

4.2 b PROPOSED RESOLUTION: Be it resolved that the notes of the Mental Health Board meeting of June 10, 2009 be approved as submitted.

4.2 c PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Endorses the Guiding Principles of Budget Reduction Strategies Created by the San Francisco Human Services Network. (Attachment A)

Item 5.0 REPORTS

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment

Item 6.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Norciga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.
5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.
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POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the

removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

UNADOPTED MINUTES

Mental Health Board

Wednesday, July 08, 2009

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: James L. McGhee, Chair; Jagruti Shukla, MD, MPH, Vice-Chair; James Shaye Keys, Secretary; Officer Kelly Dunn, M. Lara Siazon Arguelles; Mary Ann Jones, PhD; LaVaughn Kellum King; Susan McIntyre; Tom Purvis; Njoroge Tho-Biaz, M.A; and Virginia Wright.

BOARD MEMBERS ON LEAVE: Lisa Williams; and Errol Wishom

BOARD MEMBERS ON ABSENT:

OTHERS PRESENT: Robert Cabaj, MD., Director of Community Behavior Health Services (CBHS); Helynnna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Sarah Accomazzo (Intern); Iris Haas-Biel; Brian Tseng, Physician Organizing Committee; Florence Fee, No Health Without Mental Health; Dale Milfay, San Francisco National Alliance on Mental Illness (NAMI).

CALL TO ORDER

The meeting was called to order at 6:35 PM by Mr. Keys.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Mr. Keys: "Dr. Bob Cabaj, the Director of Community Behavioral Health Services (CBHS) will give the Director's report and then follow that with a presentation of the current state of budget cuts and its impact on services."

Dr. Cabaj: "I would like to highlights a few recommendations that were made at the Board of Supervisors' Budget and Finance Committee at last week's meeting."

GOVERNMENT
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In front of you is my written report showing the Board of Supervisors restoring many of the items that were originally cut. All current contracts are continued with funding. There will be some impact; but not that bad. The Mega RFP will be released shortly, but the contracts will not start until next fiscal year, on July 1, 2010. 50% of MHSA Annual Plan funds should be put aside in reserve, but CBHS spent it. The State said we had to return the reserve but without cutting programs. They gave us an extra year. The State is concerned that revenue from the tax base may be reduced."

Mr. Purvis: "Why does CBHS want to have the prudent reserve?"

Dr. Cabaj: "It is a rainy day fund, and we have funded about \$1 million. We are afraid that anything we leave on the table, the State will grab it."

1.2 Public Comment

Mr. Tseng: "How much money from Proposition 63 comes to the City?"

Dr. Cabaj: "The exact amount is about \$17 million. We already got the money and have started funding mental health programs. Lots of other counties have had their money withheld."

Ms. Milfay: She mentioned that services for the chronically ill have been cut for the past ten years. She expressed the opinion that San Mateo County is doing better with case management than San Francisco.

Monthly Director's Report

July 8, 2009

1. Budget Update

Last week, the Board of Supervisors' Budget and Finance Committee made the following recommendations regarding CBHS programs for the FY09-10 Budget: to be voted on by the entire Board next week:

1. Rejected eliminating the Single Standard of Care (\$707,352)--if passed, this means no changes to the way CBHS sees indigent clients and allows over seven staff to keep their jobs;
2. Restore funding to specific Behavioral Health Contractors (a total of \$5,559,742 with both the Board's add-back and the Mayor's technical adjustment)--if passed, 18 contractors would not loose some targeted reductions;
3. Restore \$4 Million to the CBHS Mega-RFP--if passed, that means the funding level for the programs to be bid-out under the Mega-RFP for 09-10 would remain at the level they are now with the mid-year and across-the-board reductions already included;
4. Restore \$100,000 of the \$125,000 reduction to Drug Court--if passed, would allow most services via drug court to continue as they are now;
5. Restore \$400,000 for vocational rehabilitation services--if passed, there would still be a shortage of \$105,000 for voc rehab services and \$495,000 of current General Fund for voc rehab would be converted to MHSA funding that would match the Department of Rehabilitation resulting in a net increase of funding for employment-ready clients;

6. Restore \$36,646 in funding for CBHS clinics--if passed, funding can be used to help with the clinic changes ahead;
7. Restore \$300,000 of \$366,667 to the MAP Van--if passed, this would allow transportation services to continue near to the present level;
8. Add \$25,000 for a support for families of homicide victims program--if passed, will work with the Board to see what they intend for this funding.

The following did not get restored:

1. Funding reduction to Baker Places that could lead to the closure of Acceptance Place; apparently the Board did intend to restore this funding but there seems to have been a mix-up in all the late night negotiations. CBHS will work with DPH, the Board, and the Controller's Office to determine the next steps;
2. 5% across the board reduction to mental health programs and the 25% reduction to substance abuse services;
3. Reductions of 12.24 FTE clinical staff and 8.38 administrative staff (total reduction: \$2,917,769);
4. Redirection of \$1,039,533 of GF covered services and 11.75 FTE GF covered positions (\$2,062,493) to MHSA funding.

There were department-wide reductions that impact CBHS such as additional position reductions, grant and project close-outs, salary attrition, IT reductions, and budget analyst reductions. No other mid-year reductions were restored. With these changes, the impact of CBHS was not as severe as it could have been. The coming fiscal year, however, remains uncertain in terms of the City tax base and the impact of the State budget reductions and the impact of one-time funding from the Federal stimulus package so there are likely to be mid-year reductions early in the 09-10 fiscal year. The State has proposed reduced funding to Prop 36 programs and that will have a major impact on drug-related services in San Francisco if it happens.

2. Mega-RFP Update

With the \$4 Million Mega-RFP restoration, the pressure to issue the Mega-RFP for implementation in the 09-10 fiscal year was reduced. The start date for new contracts under the Mega-RFP and accompanying stand-alone RFPs will be July 1, 2010, allowing DPH to issue a full year contract to the various community-based organizations for this 09-10 fiscal year.

3. Mental Health Service Act (MHSA) Update

THE REDWOOD CENTER PROJECT NOW POSTED FOR PUBLIC COMMENT

The Redwood Center project, part of our Capital Facilities Plan, has now been posted for a 30-day public review and comment period. To review and/or comment by e-mail, go to the MHSA

web site: <http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/default.asp> and click on the web link: Menu of 30-Day Public Notices. The timeline has changed since the original posting on June 16, 2009, estimating the construction rent up period to occur in June 2010 instead of April 2011. A comparison of the old and new timelines is also posted on the website indicated above.

RESULTS OF IT PLANNING COMMITTEE HAVE BEEN FINALIZED

On May 26, 2009, the IT Planning Committee held its last meeting to vote upon and finalize the IT recommendation for inclusion in the County Plan. The top vote-getter prioritizes a consumer-staffed help desk, located at 40 provider sites, operating eight hours a day for three years, at a cost of \$4,148,350. The next phase for this recommendation is to draft the County Plan, which will then be posted for a 30-day public review and comment period, followed by a formal presentation of the proposal to the San Francisco Mental Health Board. Frank Isidro, Co-Chair of the IT Planning Committee, thanked all the members of the committee and the public for its interest and participation and for all the time and hard work put into these recommendations.

WAIVER OF THE PRUDENT RESERVE REQUIREMENT DENIED BY DMH

The Department of Mental Health (DMH) has denied a request by CBHS to waive the prudent reserve requirement for MHSA funding for fiscal year 2009-2010. The amount in question is estimated at 50% of the recently approved Annual Plan of \$16.4M. The State has agreed to delay the deadline for the setting aside of a prudent reserve until June 30, 2011. This resulting action will necessitate a re-design of some of CBHS' programs and services during the course of the next two years in order to meet the required prudent reserve of \$8M.

RFP FOR WET/PEI ROGRAM PROPOSALS RELEASED

The Request for Proposals (RFP) for all interested parties for the Workforce Development, Education, and Training and the Prevention and Early Intervention components of the MHSA was released on Friday, June 19, 2009. A Bidders Conference for Directors of services and providers interested in bidding on the RFP was held on July 2, 2009, from 9:00 am until 12 noon, at 1380 Howard Street, wherein several interested bidders posed a variety of questions. Proposals from all applicants are due by 12 noon on Thursday, July 30, 2009.

MHSA ADVISORY COMMITTEE MEETINGS:

The newly recruited MHSA Advisory Committee will take on a very active role in defining the projects to be funded through the Innovation Component. As a result, the next scheduled meeting will be comprised of established as well as newly recruited members, who have agreed to meet four times specifically to review proposals and ideas for the Innovation component. The dates for these meetings are:

Wednesday, July 8, 09	3:00-5:00	1380 Howard St., 5 th Floor Conference Room
Wednesday, July 22, 09	3:00-5:00	1380 Howard St., 5 th Floor Conference Room
Wednesday, August 5, 09	3:00-5:00	1380 Howard St., 5 th Floor Conference Room
Wednesday, August 19, 09	3:00-5:00	1380 Howard St., 5 th Floor Conference Room

The regular MHSA Advisory Committee meetings, which take place every two months, will be determined when the committee meets on July 8th.

4. **SAVE THE DATE!**

October 28, 2009

"Don't Worry Be Happy": Anxiety Disorders in Primary Care

10:00am-4:00pm, Mission Bay Conference Center at UCSF, 1675 Owens Street, San Francisco

The San Francisco Department of Public Health, Community Behavioral Health Services division, is sponsoring a conference targeting Primary Care Physicians and Nurses, Psychiatrists, Psychologists, Mental Health and Substance Abuse Counselors, Social Workers, LCSW's, MFT's, and Community Based Organizations. This conference will focus on integrating treatment of anxiety disorders and other behavioral health conditions in Primary Care Settings. Conference Brochure and Registration to follow.

For questions or additional information, please contact the conference event planner at kathleen.minioza@sfdph.org.

COST: FREE

Continuing Education: 6 Hours (Free)

This is an activity offered by Community Behavioral Health Services (CBHS), a CMA accredited provider. Physicians attending this course may report up to 6 hours of Category credits toward the California Medical Association's Certification in Continuing Medical Education and the American Medical Association's Physician's Recognition Award.

Past issues of the CBHS Monthly Director's Report are available at:
<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

Item 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Updates

Mr. McGhee: "Dr. Cabaj will provide updates regarding the Mental Health Services Act."

Dr. Cabaj: "In the Mental Health Services Act (MHSA) Update I have the following: The Redwood Center project, part of our Capital Facilities Plan, has now been posted for a 30-day public review. Please go to <http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/default.asp>

CBHS wants to waive the MHSA's \$8 M prudent reserve requirement for two years, but it was denied by the California State Department of Mental Health (DMH).

On May 26, 2009, the IT Planning Committee voted for the help-desk to be staffed by a consumer, 40 provider sites to be operated eight hours a day for three years, at a cost of \$4,148,350. After the 30-day public review and comment period, there will be an IT planning presentation to the San Francisco Mental Health Board.

On June 19, 2009, the Request for Proposals (RFP) for the Workforce Development, Education, and Training (WDET) and the Prevention and Early Intervention (PEI) became available for interested contractors. They have until July 30, 2009 to submit their bids."

2.2 Public comment

No public comments.

Item 3.0 PRESENTATIONS:

- INTEGRATION OF PRIMARY CARE AND BEHAVIORAL HEALTH CARE:
MITCH KATZ, MD, DIRECTOR OF DPH
- GENDER APPROPRIATE BEHAVIORAL HEALTH SERVICES, SARAH
ACCOMAZZO, MHB SPECIAL PROJECTS COORDINATOR

3.1 Presentations:

PRESENTATION I: INTEGRATION OF PRIMARY CARE AND BEHAVIORAL HEALTH CARE: MITCH KATZ, MD, DIRECTOR OF DPH

Mr. McGhee: "Regrettably, our scheduled presentation by Dr. Katz must be postponed to another meeting. We just found out a few minutes ago that Dr. Katz is responding to a family emergency. We are sending our best wishes to him.

We have several members of the public who came here specifically for Dr. Katz's presentation. Although Dr. Katz is not available to answer their questions, their questions will be published in the public comment section."

Mr. Purvis: "I would like to submit the following question: Even if Kaiser Permanente claims that they are not responsible for intensive services for chronic mental illness or chronic addiction, DPH could report the amount of money used to provide these services to Kaiser Permanente enrollees and make these figures known to the City, given Kaiser Permanente's tax exemption privilege, right? Would not that be very helpful to the Mayor and the Board of Supervisors?"

Ms. King: "We understand that Kaiser Permanente psychiatric patients/clients sometimes end up in the San Francisco County funded facilities, and there is a sum totaling tens of millions of dollars in unreimbursed care that Kaiser may owe the County. Why does DPH under your direction fail to bring this to the attention of the City?"

Mr. Keys: "This Fall, about 400 employees of the City from DPH are slated to be laid off. There was a direct advocacy from myself, James Keys, to the Board of Supervisors to have the Office of Labor and Standard Enforcement (OLSE) be restored. How will the new revenue be utilized?"

3.2 Public comment

Ms. Milfay: Ms. Dale Milfay is the Vice President of San Francisco NAMI. She submitted the following: "Given the shortage of psychiatric beds and care in the City, and the City's continued budget problems, under your direction, cannot DPH recommend to the Mayor's office and the Board of Supervisors that they hold Sutter Health and Kaiser Permanente accountable to provide the chronic psychosis and addiction care, or revoke their local property-tax exemptions and utilize the money for psychiatric services that are being cut at San Francisco General Hospital or other City supported and run clinics? After all, California Pacific Medical Center (CPMC) is only projecting to have 18 psychiatric beds by 2016."

Ms Oropeza: Ms. Francesca Oropeza, FMT works at Southeast Mission Geriatric. She submitted the following: "The Center for Special Problems was closed and there are social workers who are yet to be placed in another clinic. The administration placed one of those social workers at SEMG. Why is the administration not placing more needed clinicians at this clinic?"

Why is the administration intent on moving the staff to a location which does not have enough space for all of the clinicians? They are not testing their own theory, thus this is an elimination of services, not a merger or consolidation. And, if this is true, why is the administration so adamant about calling this project an expansion of services?

Who will be benefitting from older adults with illnesses and psychiatric disorders taking two to three buses to be able to see their psychiatrist and social worker?

Since the Board of Supervisors restored the rent money (\$36,000/yr) why is Mitch Katz going forth with the closure?

Since this clinic serves and assists the poorest and most disenfranchised populations from taking more beds at psychiatric wards (SFGH) and making more emergency room visits, why is Mitch Katz so unwilling to add needed staff and keep this clinic open? This does not make sense fiscally."

PRESENTATION II: Gender Appropriate Behavioral Health Services, Sarah Accomazzo, MHB Special Projects Manager

Mr. McGhee: "Sarah Accomazzo will present her work in leading the Gender Appropriate Behavioral Health Services Workgroup and her recommendations for the coming fiscal year. Sarah began her work as an intern while pursuing her masters in social work at Berkeley. She was then accepted into the PhD program for social work. She has been promoted to Special Projects Manager for the MHB."

Ms. Accomazzo: "Thank you so much for having me here tonight. I feel privileged for the opportunity to work for Gender Appropriate Behavior Health Services (GABHS) for Gals and the Mental Health Board over the past year. I am here to report to you what we have accomplished in the past year and share our goals for the upcoming year."

First is a quick background. From 2003-2006, DPH staffed an "Office of Women's Health" with a part-time person. It issued a Woman's Health Plan that laid out nine guiding principles and three main strategies to promote women's health. But the program was cut in 2006, and currently, no one focuses on women's health, let alone behavior health. Ms Raema Quam a Coro Fellow in the spring of 2008, found that gender neutral policies and practices are prevalent in San Francisco. Those

policies and practices have been based on good intentions, but there is a big difference between gender neutral, gender specific and gender appropriate programming.

GABHS for Gals, which started in the summer of 2008, is a group of clinicians, managers, civil servants, mental health workers, health educators, administrators and consumers committed to advocating for appropriate services for women and girls in San Francisco's behavior health system, and we meet every third Monday of the month from 2-4 pm at 1380 Howard.

Gender appropriate services are services that take into account the biological differences between genders and the distinct social and cultural issues experienced by each gender that influence an individual's behavioral health needs. We strongly feel that services must be culturally competent and gender appropriate!

We have accomplished much over the past year. For more information, please see the FY 08-09 Summary. You can also get more information on our new website: www.gabhs.org that was put together by Mr. Loy Proffitt in the spring 2009. You can also find information on GABHS for Gals at www.mhbsf.org and http://www.sfgov.org/site/mental_health_index.asp

On June 11, 2009, we held a special event: "Women, Girls and Behavioral Health: Where Do We Go From Here? – a resource sharing and networking reception to raise awareness about these issues. We had about 80 people at the reception, and everyone brought flyers from their agencies. We were honored to have Assemblywoman Fiona Ma and Deputy Chief of Staff for Gavin Newsom, Catherine Dodd as speakers. We were entertained by Rising Voices, a performing group of young adult females who have been previously incarcerated.

Our top three goals for the coming year are safety in programs, eating disorders and body image issues and trauma.

Before finishing up the presentation, I also want to introduce Ms. Iris Haas-Biel who is volunteering for GABHS for Gals for 60 hours this summer. Thank you so much to Iris for all your hard work.

Please feel free to contact me if you have any questions."

Ms. King: "Is there anything you would like to improve?"

Ms. Accomazzo: "That is a good question. I really hope to have a core group of 20-30 people through recruitment who represent the diverse populations we serve in San Francisco."

Mr. Purvis: "Do you know if there is any issue between psychiatric medications for men versus women."

Ms. Accomazzo: "A recent study by the National Institute of Health showed significant differences between men and women with certain psychiatric medications. I hope to continue research on medication effects on men and women and various stages of a woman's life."

Dr. Shukla: "You have talked lots about gender appropriate services. What are some of the gender inappropriate services?"

Ms. Accomazzo: "There are many gender inappropriate things happening in programs. For example, I think safety and sexual harassment in programs is one of the biggest issues facing women and girls. We hear many stories about women being harassed in City and non-profit run single room

occupancy (SRO's) hotels, program waiting rooms, food lines, etc., and then women do not feel safe to come back to services. I hope to raise more awareness about this during the upcoming year."

Mr. McGhee: "What are your outreach methods."

Ms. Accomazzo: "So far our outreach effort has been through email. We are looking for ways to expand our email lists and outreach efforts."

Ms. King: "We have a list from the Southeast Sector to help you with outreach to youth between 12-24 years old."

Mr. Tho-Biaz: "Do you have any men in your group who advocate services for women?"

Ms. Accomazzo: "We have no men who are active participants in GABHS for Gals, though we do have some men on our mailing list. We would love to have male participation in this group."

Public comment

No public comments.

ITEM 4.0 ACTION ITEMS

4.1. Public comment

No public comments.

4.2. Resolutions

4.2. a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of May 13, 2009 be approved as submitted.

Resolution unanimously approved.

4.2 b PROPOSED RESOLUTION: Be it resolved that the notes of the Mental Health Board meeting of June 10, 2009 be approved as submitted.

Resolution unanimously approved.

4.2 c PROPOSED RESOLUTION: Be it resolved that the Mental Health Board Endorses the Guiding Principles of Budget Reduction Strategies Created by the San Francisco Human Services Network. (Attachment A).

Resolution unanimously approved.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke called attention to the handout regarding the new Consumer Rights organization, and encouraged Board Members to attend Budget Hearings.

5.2 Report of the Chair of the Board and the Executive Committee:

Mr. McGhee: "There were over 200 people attended the California Association of Local Mental Health Boards (CALMB) conference in June. I was re-elected as President of the CALMB and the Board of Psychologists and Chair of the Conard House Board of Directors."

5.3 Report by Members of the Board on Their Activities on Behalf of the Board.

Mr. McGhee: "Are there any board members who would like to report on their activities on behalf of the Board or any announcements for the board? Has anyone gone to any of the budget hearings for the Health Commission or the Board of Supervisors?"

Ms. King: "The Southeast Group Meeting of Community Wellness Partners is making great progress, and we have received the RFP and there is lots of excitement and lots of dialogue about it. I am working with Mr. George Jurand from the Healing circle to assist CAL-Works participants in gaining employment, and they have received ten applicants.

I would like to add that the national NAMI conference is at the Hilton this week, and the person from the Soloist movie is a guest speaker.

Ms. Williams and I did the Bayview Mental Health Clinic program review. They just do not have enough revenue to support the needs of such a large population."

Mr. Tho-Biaz: "I did a program review at the Westside Crisis Clinic. I found it was interesting that socialization is very important to people, and the Westside Crisis Clinic provides that."

Ms. Dunn: "Do you know if the Westside Crisis Clinic will be closed?"

Ms. Brooke: "I have heard that the Westside Crisis program will reduce hours but not be closed."

Ms. Dunn: "I went to Schrader House, which is near St. Mary's Hospital and Golden Gate Park. It is an Acute Diversion Unit (ADU). The staff were very committed to the well being of clients, but clients said they did not feel they have clear communication from the staff about their medications. The staff were preoccupied with concerns about cuts to their program. How can they do their jobs well when they are preoccupied with the budget cuts!"

Mr. Purvis: "Does Schrader House have a volunteer program?"

Ms. Dunn: "That is a good idea. I will ask Schrader House about that."

Mr. Keys: "I did a program review with The Avenue's House which provides a two week stay for clients. What they need is a computer."

Ms. Arguelles: "I did a program review at the OMI Clinic. They need a decent kitchen to sell coffee to generate some sustainable revenue."

Mr. Purvis: "Ms. McIntyre and I did the program review for Walden House. It has the east wing and west wing for short-term and long-term stays and a co-ed facility. We were very impressed."

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Mr. Keys: "I would like to do a resolution to save the Southeast Geriatric Services,. According to Ms. Oropeza, the program may be closed in two weeks. I hope to send a strong letter to the Board of Supervisors, the Mayor, Dr. Mitch Katz, and the Chair of the Health Commission. Also I would like to look at senior meal sites."

Mr. McGhee: "I would like to invite the new supervisors to come to our meeting, so they can stay abreast of mental health issues."

Ms. McIntyre: "I would like to invite the Public Defender, Jeff Adachi to come to us to talk about the Community Justice System and how mentally ill citizens are being treated."

Ms. Dunn: "I would like point out that the Dore Urgent Care is open 24 hours, seven days a week now."

Mr. Tho-Biaz: "I would like a presentation on wellness so we know what the definition of wellness is and how wellness is applied in mental health."

5.5 Public comment

No public comments

ITEM 6.0 PUBLIC COMMENT

Dr. Gruver: She is a psychologist in the Sutter Health system which is reducing the 81 psychiatric beds to 18 beds by 2016. She mentioned that psychiatric beds are not very profitable which explains why they are being eliminated. She also pointed out that the hospital has non-profit status and must fulfill their charitable obligations to ensure that people do not fall through the cracks.

Ms. Fee: Ms. Florence Fee is with the No Health without Mental Health, an organization she founded. She was very disappointed that Dr. Katz was not available. She hoped his absence is not a reflection of his lack of care for mental health. She believes that the issue of integration of mental health into primary care is very important.

Dr. Shukla: "I share the disappointment with the public that Dr. Mitchell Katz did not show up. The Mental Health Board is very interested in the integration issue."

Member of the Public: The member mentioned that both Sutter Hospital and Kaiser Permanente are very profitable and, at the same time, has seen large HMOs promoting lucrative services and cutting mental health services. The member stated that HMOs have been denying treatments to their patients who have psychoses and addictions, and such practice is just short of patient dumping. The member pointed out that police and fire departments are doing a lot more 5150 cases. The member is seeing the County of San Francisco being left holding the bag by large HMOs. The member is concerned that the County is not holding HMO executives who set the tone, culpable for charity care.

Ms Francesca Oropeza: Ms. Francesca Oropeza submitted the speech she made at the Beilenson Hearing on Tuesday, June 16, 2009.

Supervisors,

I am here on my own time compelled to speak because of my professional and ethical responsibilities. The mental health department is putting requirements on my job duties which are contrary to my professional responsibilities as a licensed Marriage & Family

Therapist. This is not only about making my job more difficult; it is about my ability to perform my job duties in a way that does not violate the ethical standards that are necessary to maintain my license. Southeast Mission Geriatrics also has on staff a licensed LCSW and a psychiatrist both of whom have similar professional responsibilities. Currently I am not able to fulfill my duties under the ethical standards for CAMF (California Association of Marriage and Family therapists), 1.3 & 1.8. I have too many clients.

1.3 states. MFT are aware of their professional and clinical responsibilities to provide consistent care to patients and do not abandon or neglect patients

1.8 states MFT do not abandon or neglect patients in treatment. If a therapist is unable to continue to provide care, the therapist will assist the patient in making reasonable arraignments for continuation of treatment.

Closing SEMG will make this situation worse. It will be more difficult to see patients because of the limitations of the new facilities, either OMI or Mission Mental Health. These locations have inadequate space & compromised confidentiality. The OMI clinic does not have adequate office space for SEMG staff. There is no room for social workers to meet individually with clients. Confidentiality laws will be violated and the senior clients and staff will be placed into a more disorganized and chaotic system. Also, the seniors will face a decreased sense of safety and comfortability. Older adults will no longer have a quiet and safe setting. Seniors will be exposed to mentally ill adults who can seem intimidating and threatening to many seniors from receiving the services they need.

SEMG is the safety net for the City's poorest and most vulnerable seniors. If I can not provide care, I can not assist my clients in making reasonable arraignments for continuation of treatment-there is none.

Adjournment

Meeting adjourned at 8:36 PM.

Fiscal Year 08-09 Annual Report Summary
GABHS for Gals
(Gender Appropriate Behavioral Health Services for Women and Girls)



The Background:

From 2003-2006, DPH had an “Office of Women’s Health” with one part-time staff person, Maria Cora. Ms. Cora published a “Women’s Health Plan” in 2006 that laid out nine guiding principles and three main strategies to promote women’s health. Unfortunately, the office was closed due to budget cuts in 2006 and has yet to be re-started. The city’s Department on the Status of Women has suffered budget cuts during FY08-09 and does not currently have a staff person who focuses on women’s health issues, let alone women’s behavioral health issues. While CBHS policies and practices have focused on providing “culturally competent” behavioral health services, there is not currently a department or office that focuses on women’s health issues, let alone gender appropriate behavioral health services.

Raema Qwam, a Coro Fellow with the Mental Health Board in 2008, spent three weeks researching the state of women and girls’ behavioral health services within CBHS. She found that “gender-neutral” policies and practices – those that ignore the role of gender as a defining factor for an individual – are prevalent in San Francisco. In a good faith effort to get rid of gender bias, we have failed to address the inherent biological and social issues that vary depending on gender and that truly affect an individual’s behavioral health. Ms. Qwam identified a strong need for more education about gender appropriate services among DPH staff.

Why We Need Gender Appropriate Services:

Gender appropriate and responsive services are not being addressed or even considered in our current system. Biological differences between genders and the distinct social and cultural issues experienced by each gender influence an individual’s behavioral health needs, just as cultural differences and the distinct social issues experienced by people of color influence an individual’s behavioral health needs. Gender must be considered alongside culture when providing client-centered treatment.

For example, some important gender issues:

- Research has shown that some psychiatric medications work better for women than for men, and vice versa.
- Women are twice as likely to experience depression, but depression is highly underdiagnosed among women.
- Women are more likely to develop schizophrenia from 25-35 years, while males are more likely from 16-20 years. Women tend to experience less severe symptoms and to have better outcomes than men.
- Suicide attempts are more common among females than males.
- Hormonal fluctuations impact drug relapse and effectiveness of some medications among women.
- Women are more often caregivers, leading to elevated stress.
- Women are disproportionately impacted by cuts to behavioral health services. Women are often less “noisy” in their experience of mental illness than men and so end up using less intensive services – but less intensive services are often the first to be cut.

What is GABHS for Gals?

- Gender Appropriate Behavioral Health Services for Women and Girls
- A group of clinicians, managers, civil servants, mental health workers, health educators, administrators, and consumers committed to advocating for appropriate services for women and girls in San Francisco's behavioral health system.
- Started in June 2008.
- Meet every third Monday of the month, 2-4pm, at 1380 Howard Street.



What did GABHS for Gals accomplished during FY08-09?

- Mailing list of more than 200.
- Advocated for a DPH Women's Health Conference (held on May 14th and 15th, 2009).
- Reception and networking event on June 11th, 2009, to raise awareness about the need for gender appropriate services and to provide a space for people who are passionate about women and girls' issues to share resources. Assemblywoman Fiona Ma and Deputy Chief of Staff Catherine Dodd are speakers. This event is in partnership with the San Francisco Mental Health Board and the California Women's Mental Health Policy Council.
- Became a Local Champions Group for the Women's Mental Health Policy Council, joining a statewide women's mental health network.
- Created a mission statement and goals for GABHS.
- Wrote a definition of Gender Appropriate Services.
- Created outreach materials for GABHS and acquired a logo.
- Started a website, linked to the MHB's San Francisco government site: www.gabhsforgals.org.
- Compiled a list of Gender Appropriate Questions for Speakers at Trainings.
- Cultural Competency department agreed to collect staff gender in addition to ethnicity, language, salary, and job title.
- Created an ever-growing library of women's behavioral health resources.

Plans for the Upcoming Year:

- Plan Women's Health Conference for next year.
- Partner with California Women's Mental Health Policy Council to create a regional Women's Mental Health Conference.
- Create a comprehensive list of women's behavioral health services in San Francisco.
- Update our website to be a central place for women's behavioral health resources in San Francisco.
- Advocate for trauma-informed services.
- Address safety in SROs
- Lobby our representatives about getting women and mental health issues in the national health care policies.
- Assessment
- "What are the key questions we ask women and girls coming into our system?"
- Create Mental Health Competencies Checklist for Women and Girls
- Conduct literature reviews on several topics related to women's behavioral health issues.
- Conduct a data analysis on the status of women and girls in CBHS.

The San Francisco Mental Health Board's

GABHS for Gals

is recruiting!



What is GABHS for Gals?

(Gender Appropriate Behavioral Health Services for Women and Girls)

- A group of clinicians, managers, civil servants, mental health workers, health educators, administrators, and consumers committed to advocating for appropriate services for women and girls in San Francisco's behavioral health system.

When are meetings?

- Every 3rd Monday of the month
- 2-4pm
- Room 451, 1380 Howard Street

Two Tiers of Membership

- **Tier One:** Members who are able to attend monthly meetings and participate in subcommittees, as time permits.
- **Tier Two:** Members who are unable to attend monthly meetings but who support this work and are available to provide feedback via email.

*Two emails per month are distributed to all members.

To join or with any questions, contact
Sarah Accomazzo at sarah@mhbsf.org.

WWW.GABHSFORGALS.ORG

GABHS for Gals

Mission Statement:

GABHS for Gals aims to improve the mental health of women and children in San Francisco through assessment of the current system and advocacy for changes that support a gender appropriate approach to the provision of behavioral health services for all.

Three Main Goals:

1. Assess current state of services and identify needs for quality gender appropriate behavioral health services in San Francisco for women and girls.
2. Explore best practices in gender appropriate behavioral health services at a city, county, state, and national level.
3. Increase access to quality gender appropriate behavioral health services in San Francisco for women and girls.

Definition of Gender Appropriate Services:

Gender Appropriate Behavioral Health Services is the umbrella term used to describe behavioral health services that both consider and meet the unique needs of women, men, girls, boys, and transgender people. These services may or may not include gender specific services, where services are provided in a setting with only one gender present. The primary goal of Gender Appropriate Behavioral Health Services is to encourage providers to become aware of the biological differences between genders and the distinct social and cultural issues experienced by each gender that may influence behavioral health needs. Providers are encouraged to be gender sensitive to the complex interactions between biological, social, psychosocial, and cultural factors when serving each individual. A neutral approach, where the same services are provided to everyone without regard for gender, neglects the crucial impact of gender on client needs.

All health services should be both culturally competent and gender appropriate. An assessment or treatment plan should consider an individual's unique gender needs alongside his or her cultural and language needs. Clinicians should feel comfortable assessing for these needs. To provide the most comprehensive, holistic treatment, providers should encourage their staff to seek training on gender topics, in addition to culture, language, and ethnicity topics. San Francisco's Department of Health Community Programs (and specifically Community Behavioral Health Services) will continue to bring varied training opportunities on gender, diversity, and cultural awareness to its providers.



Top Eleven Ways To Make Your Behavioral Health Program More Gender Appropriate for Women and Girls Without Any New Funding

1. **Write letters or call your local and state elected officials.** Let them know about your program, what you do for women and girls, how you are being impacted by budget cuts, and what you need.
2. **Make sure trainings are presenting information that is relevant to women and girls.** Ask the trainer about the population on whom statistics are based. Has the tool/model been tested on women and girls? Women and girls of color, urban versus rural, what socioeconomic status?
3. **Be mindful of cultural, ethnicity, and language issues.** Consider the roles of women and girls in families and social networks in different cultures and the impact this may have on mental health and substance use access and treatment. Reflect on your own cultural roles and biases.
4. **Ask about past and recent traumatic experiences.** Females with mental illness and/or substance use have higher rates of trauma than females in the general public. Make sure to screen for domestic violence, community violence, neglect, sexual abuse, war, grief and loss, etc. Assess carefully for Post-Traumatic Stress Disorder.
5. **Address safety issues.** Females are more likely than men to feel unsafe with their partners, family, work, living situations, or even with coming to services at your agency. Help your client develop safety plans. Make sure your agency's waiting room can be seen from the front desk.
6. **Be child friendly and family friendly.** Women are often caretakers for children and family members and are unlikely to come to services if it interferes with their family life. Provide a comfortable waiting room for family members. Keep a stash of toys and games for children. Provide information on resources for child care or family care and help clients brainstorm ways to balance services and family.
7. **Help women and girls understand their hormone cycles.** Women's mental health is affected by hormone cycles. At different points in the menstrual cycle, women may be more moody, more sensitive to stress, more energetic, more exhausted, etc. Menstruation, peri-menopause and menopause can have unnoticed effects. Every woman is different - help your clients learn to observe the effects of her own hormone cycle and use this knowledge to her advantage.
8. **Assess for eating disorders and body image issues.** This somewhat taboo topic affects thousands of women and girls. Create a safe space in which to discuss these issues. Provide psychoeducation and resources for your clients about these topics.
9. **Address reproductive health issues.** Provide local women's reproductive health resources. Encourage your client to seek care such as yearly pap smears and mammograms.
10. **Add gender appropriate questions to your intake and assessment forms and brainstorm answers with clients. For example:**
 - a. How many children do you have? Do you have childcare for when you are coming to our agency? Are you responsible for care for anyone else in your family?
 - b. How do you get to our services? Do you need help with transportation?
 - c. Do you feel safe at home, with your family, partner, in your job, in your living situation?
 - d. Is your family supportive of your coming to services? Who is and who is not?
 - e. Do you prefer a male or female clinician?
 - f. Do you get a regular period/menstrual cycle? When was your last period? Do you notice any patterns in your mood or lifestyle that correspond with your cycle? Have you gone through menopause?
 - g. When was your last Pap smear and/or mammogram?
 - h. Have you been underweight or overweight in the past year? Do you ever binge or purge?
11. **Join GABHS for Gals or at least get on the mailing list - www.gabhsforgals.org.** We are committed to advocating for women and girls within San Francisco's behavioral health system and we need your help! Let us know what needs to be done.

SAN FRANCISCO MENTAL HEALTH BOARD



Mayor
Gavin Newsom

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mbh@mentalhealthboardsf.org
www.mentalhealthboardsf.org
www.sfgov.org/mental_health

The **Mental Health Board** meeting scheduled for
August 12, 2009
is

CANCELLED

The next meeting of the Board will be Wednesday,
September 9, 2009,
at
City Hall
One Carlton B. Goodlett Place
Room 278
San Francisco, CA

An agenda for the September meeting will be sent out at the
beginning of September.

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SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
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MEETING OF THE MENTAL HEALTH BOARD

Wednesday, September 9, 2009
City Hall
One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

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CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 PRESENTATION: INTEGRATION OF PRIMARY CARE AND BEHAVIORAL HEALTH CARE: MITCH KATZ, MD, DIRECTOR, DPH

For discussion.

1.1 Presentation: Presentation: Integration Of Primary Care and Behavioral Health Care: Mitch Katz, MD, Director, Department of Public Health

1.2 Public comment

Item 2.0 DIRECTORS REPORT

For discussion.

2.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

2.2 Public Comment

Item 3.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

3.1 Updates

3.2 Public Comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 Proposed Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of July 8, 2009 be approved as submitted.

Item 5.0 REPORTS

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment

Item 6.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.
5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.
6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

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The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415)554-7724

Fax: 4(15) 554-5163

E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, Suite 510
San Francisco, CA 94103
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UNADOPTED NOTES

Mental Health Board

Wednesday, September 9, 2009

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: LaVaughn Kellum King; Officer Kelly Dunn, M. Lara Siazon Arguelles; Mary Ann Jones, PhD; Susan McIntyre; Tom Purvis; Njoroge Tho-Biaz, M.A; Lisa Williams; Errol Wishom and Virginia Wright.

BOARD MEMBERS ON LEAVE:

BOARD MEMBERS ABSENT: James L. McGhee, Chair; Jagruti Shukla, MD, MPH, Vice- Chair; and James Shaye Keys, Secretary.

OTHERS PRESENT: Mitch Katz, MD., Director of Department of Public Health (DPH); Alice Gleghorn, PhD, Deputy Director of Community Behavior Health Services (CBHS); Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Florence C. Fee, J.D., President of No Health Without Mental Health (NHWMH); Francisca Oropeza, Southeast Mission Geriatric Services; and Ralph Fenn, MD., Family Service Agency (FSA).

CALL TO ORDER

The meeting was called to order at 6:30 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

None

ITEM 1.0 PRESENTATION: INTEGRATION OF PRIMARY CARE AND BEHAVIORAL HEALTH CARE: MITCH KATZ, MD, DIRECTOR OF DPH

1.1 Presentation: Integration of primary care and behavioral health care: Mitch Katz, MD, Director, Department of Public Health

Ms. King: "We welcome Dr. Mitch Katz, Director of the Department of Public Health for the City and County of San Francisco. He will be presenting his vision for integration of primary care and behavioral health."

Dr. Katz: "Thank you for having me here tonight. Many people have used all of our health service system independently, but they often have multiple problems or have not known what specific

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problem they may have. Our services are provided in a holistic way. As a clinician myself, working many years at San Francisco General Hospital (SFGH), I have seen patients experiencing physical illness that I see as psychosomatic. I am concerned that mental health clients who are only in the mental health system are not getting needed primary prevention care.

I visited a Connecticut Federally-Funded Federally Qualified Health Center (FQHC) that was built about 20 years ago to talk about Healthy San Francisco and was very impressed with their way of handling mental health clients. At the inception of their health care infrastructure, they incorporated both primary care and mental health care together.

I realize that duplicating this model in San Francisco would be difficult, because it is impossible to rebuild our whole health care system that has been around for seventy-five years. Furthermore, many of the primary care and mental health clinics are not large enough or not located in the best places.

Health care integration in San Francisco is occurring at a bad time because, on a national level, the United States is now in a world wide recession. On the state level, I am concerned that integration would be impacted by budget cuts as California experiences the boom and bust cycle. Given the current fiscal status of economic contraction at a time when many people need help the most, I do not have control over how much money San Francisco receives from the State and the Federal government. I only have control over how to allocate the available monetary resources to maximize healthcare services. I would like to open up for questions and answers from the board."

Dr. Jones: "Do you envision one system of health care where primary assessments are across all modalities?"

Dr. Katz: "Having a primary system would be optimum, but we are still far from achieving that. For instance, people with HIV and AIDS have been in a fifteen year old system at SFGH; these people have seen me as their primary care physician. Many patients with HIV and AIDS also have mental illnesses. There is a coordination of care at SFGH. I provide primary care; two psychiatrists provide mental health care. This coordination of care provides physicians and psychiatrists the same patients' chart that shows any medical updates on symptoms as well as medications. Also at SFGH, some patients with substance abuse issues receive counseling sessions. We can make referrals for residential care as well. Everyone would benefit from seeing a primary doctor first who can then coordinate care for specialists such as a psychiatrist. Needs are met in a holistic way on one floor at SFGH."

Dr. Jones: "What is the time line for full integration?"

Dr. Katz: "It will take awhile. There are primary care physicians who are hesitant to see patients with psychosis. 30% of my patients have active psychosis. There are mental health practitioners who fear losing their own identity due to being swallowed up or loss of independence.

But there are some who believe that a system of primary care and mental health can be together. Primary care physicians need access to medication lists and lab results from psychiatrists but do not need details of counseling. Both OMI and Tom Waddell programs now have access to mental health clinicians in their clinics. I still expect it will take years to complete the health care integration."

Mr. Purvis: "Is there anybody overseeing the successes and issues of integration?"

Dr. Katz: "DPH has a steering committee for SFGH and Laguna Honda hospitals. Barbara Garcia oversees Community Programs and HIV. There are going to be integration challenges given the complexity of our health care system.

It can happen two ways. We want people to get treatments for both physical and mental health and substance abuse. After 75 years of separate models, I expect integration to be hard."

Mr. Wishom: "Since budget cuts, services and programs have been eliminated. Are there any alternatives?"

Dr. Katz: "We try to get more money with fees such as fees on restaurants and on landlords. But, at the end of the day, most of the money is spent on hiring personnel, trying to assess different services and letting go of the ones that could grow back."

Ms. Argüelles: "What steps have you done for both sides to bring them together?"

Dr. Katz: "We are planning to move part of the Southeast Children's Mental Health Center to the Silver Avenue clinic because we own the building; the move saves us on rental expenses. The Silver Ave clinic currently offers primary care services. Some Southeast people feel it is too much a burden for some patients to travel to the Silver Avenue clinic. We have talked about taxi vouchers. We want children to see a pediatrician on a regular basis for preventive care."

Ms. Wright: "Is there any plan to bring in more doctors to the Silver Avenue clinic due to the shortage there?"

Dr. Katz: "Our hope is to expand the Silver Avenue Clinic and we hope mental health care will be a part of this expansion, where patients can get both physical and mental health."

Ms. King: "Can you please clarify which part of the Southeast sector; are you talking about the Bayview and Hunters Point areas?"

Dr. Katz: "People in the Bayview want to have a health hub. We would like to co-locate physical and mental health services there in the same building. There are a number of behavioral health programs on 3rd street that might be interested in moving to a larger southeast health center."

Ms. King: "Are you open to a proposal plan from contractors?"

Dr. Katz: "I am open to new ideas and proposals."

Mr. Tho-Biaz: "I have heard and become sensitive to the needs of the 3rd Street corridor. What is being done for this community's seniors to soften their concerns of having to travel outside the area for services?"

Dr. Katz: "In spite of negative feelings due to budget cuts, there is a positive side of integration that we can look forward to in good times to build a center in communities. Some people have a limited view rather than a broader perspective of a center where everybody can get together."

Mr. Tho-Biaz: "If they were to hear directly from Dr. Katz, they may feel that you have heard their needs."

Dr. Katz: "That's a good suggestion."

Ms. McIntyre: "What is the next step after relocation of services?"

Dr. Katz: "The buildings we tend to own are physical health centers. The exception is the Sunset Mental Health Clinic. Most mental health centers are in rental buildings. We make investments in buildings we own such as the Castro, Silver Avenue, Chinatown, Tom Waddell, Southeast and Curry Center.

We believe that the need of mental health consumers for preventive services can be taken care of by primary care doctors. We would like to add physical health to mental health facilities too."

Mr. Tho-Biaz: "In planning integration of primary care and mental health care, is there any honor of the whole person in term of holistic care?"

Dr. Katz: "I am a big believer in holistic care. There is connectedness in housing quality, community connection, economic health, what is going on in the family, etc. People seem to only get help due to deficit rather than positive. We want to have more cohesiveness, health promotion and wellness."

1.2 Public Comment

Dr. Fenn: Dr. Ralph Fenn commented on cohesion and mentioned that he is in the board and care home system. His concerns are home-bound people who cannot attend clinics because getting there is very difficult for many of them. He wondered if psychiatric clinicians and nurse practitioners can come to board and care homes to deliver care to these people.

Dr. Katz: "Nurse practitioners can be very helpful at handling these issues. I am not saying everyone should have to come to clinic. Board and care many need their own system."

Ms. Florence Fee: Ms. Florence Fee inquired about how the side effects of psychiatric medications are being handled. She asked for elaboration on how his clinic at SFGH coordinates the medical/psychiatric care and treatment for seriously mentally ill patients on antipsychotic medications that carry significant adverse medical side effects, e.g. a primary medication for paranoid schizophrenia, clozapine, while effective in treating psychiatric symptoms, also leads in many cases to high blood pressure, weight gain, hypertension, diabetes etc.

Dr. Katz: "Psychiatrists would manage medications, and any side effects might lead to a referral to a primary care doctor."

Ms. Fee: Ms. Fee also asked if Dr. Katz knows if California medical schools are beginning to cross-train medical students and residents in the medical/psychiatric interface, e.g. programs to exposure future primary care physicians to psychiatric training, since over 50% of people seek mental health care initially from their primary care doctor, and many will not seek out mental health professionals due to stigma.

Dr. Katz: "I'm not aware of any model. I would hope psychiatrists and physicians would collaborate. Ideally, if we had true integration, these doctors would work together."

I also know internists who do not feel comfortable at prescribing psychiatric medications. Many of the primary care doctors in the public health system see people needing mental health services and primary care and they may refer mental health patients to psychiatrists."

Dr. Fenn: Dr. Fenn asked if the City is going to use outcome measures in this process.

Dr. Katz: "Yes."

Item 2.0 DIRECTOR'S REPORT

2.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Ms. King: "Dr. Alice Gleghorn, Deputy Director of Community Behavioral Health Services will give the Director's report."

Dr. Gleghorn: "Mental Health Services Act (MHSA) money is funding capital expenditures."

Ms. Dunn: "Is the Redwood Center still for men only?"

Dr. Gleghorn: "Yes, we have providers developing services for women only. There are substance abuse programs focusing on women only. We also have mixed centers being transformed to women only."

Letters went out last week to the organizations that had their proposals approved. We are in protest period right now."

Ms. Brooke: "The Drumming Circle for Girls was cut but for boys it is still there."

Mr. Purvis: "Do you know how the Drumming Circle rates on evidence based practices?"

Dr. Gleghorn: "The National Registry of Evidence-based Programs and Practices (NREPP) is a service of the Substance Abuse and Mental Health Services Administration (SAMHSA). The website is www.nrepp.samhsa.gov"

Mr. Tho-Biaz: "In light of the success of the drumming program, what innovative programs that may not have been validated by the top administrators but nevertheless that program works for certain communities?"

Dr. Gleghorn: "MHSA has funding called Innovation that funds innovative projects. Pilots are possible to try out new things. We selected about 13 of them. But going forward we have on-going ways to pick similar projects. In terms of RFP's, we encourage programs to summit evidence-base practices."

Ms. King: "Is there a list showing primary care sites that provide mental health services that could be given out to people?"

Dr. Gleghorn: "We have the Access program that people can call for behavioral health services. On the DPH web site there is a list community oriented primary care clinics. We have about fourteen such sites. Also there is a consortium of eight-to-ten clinics who participate in Healthy San Francisco."

2.2 Public Comment

No public comments

Monthly Director's Report

September 9, 2009

1. Health Professions Education Foundation

The Health Professions Education Foundation is pleased to announce the March 2009 award recipients for the Mental Health Loan Assumption Program (MHLAP). Pursuant to the Mental Health Services Act (MHSA), MHLAP was created to increase the supply of hard to retain professionals practicing in California's public mental health system by providing a financial incentive to repay educational debt.

MHLAP's inaugural application cycle- March 24, 2009- demonstrates the overwhelming need for this program with 1,222 applicants statewide. Applicants incurred an educational debt burden of \$57,594,700, requested more than \$15 million in loan repayments and more than half (55%) were employed in a hard-to-fill/retain position within the state's public mental health system. Overall, MHLAP was able to reward \$2,246,874.31 to 283 individuals employed in 41 counties across the state.

Out of 38 applications received in San Francisco, 8 recipients were chosen. They are: 1) Terese Allen, Edgewood Center for Children & Families; 2) Margaret Amaral, UCSF, Trauma Recovery Center; 3) Caroline Cangelosi, San Francisco General Hospital; 4) Brenda Meskan, City & County of San Francisco Department of Public Health, San Francisco FIRST Program; 5) Ivania Molina, Homeless Prenatal Program; 6) Michelle Vidal, Instituto Familiar de la Raza; 7) Ellen Zhou, Department of Public Health; 8) Ingrid Zimmermann, Instituto Familiar de la Raza.

Congratulations to all of the award recipients!

2. Instituto Familiar De La Raza Therapeutic Drumming Practice Accepted into SAMHSA

The Therapeutic Drumming Practice at Instituto Familiar De La Raza (IFR) has been accepted into the SAMHSA National Database of Community Driven Evidence Based Practices. The official acknowledgement and acceptance of Community Defined Evidence Practices by National Institutes is a shift in policy that resonates with the vision of San Francisco, DPH, IFR, and our Communities at large; and empowers the voices of our diverse people. SFDPH supports their efforts for being visionaries and leaders in promoting culturally appropriate practices throughout San Francisco.

3. Nonprofits Join Forces on 990 Polk

Affordable Housing Finance magazine has named 990 Polk Street as one of two finalists in its senior housing category for its Reader's Choice Award for the Nation's Best Affordable Housing Developments. This is a national competition, with entries from 140 projects in 20 states, with selection based among other things on community impact and overall role in community revitalization.

Below is the article that appeared in the Affordable Housing Finance Magazine July/August issue:

SAN FRANCISCO. Formerly homeless and low-income seniors are integrated under one roof at 990 Polk Street.

"It's an example of a mixed-population approach to supportive housing for the homeless," says James Buckley, president of Citizens Housing Corp. "With the city's assistance, we are able to

provide 50 of the 110 units for people coming from the streets or shelters and surround them with services to stay in housing long term."

Citizens and Tenderloin Neighborhood Development Corp. (TNDC), both San Francisco-based nonprofit developers, had looked at the site separately before opting to work together to build 990 Polk. The new housing replaces a gritty parking lot and a laundry business. The development was first conceived to house all low-income seniors, but formerly homeless seniors were added to the mix as part of a city push to move the chronically homeless into permanent housing.

The result is a more diverse community, which the developers have strived for in their work, says Don Falk, TNDC executive director.

The \$35.1 million development utilizes two new funding programs from the city and state. First, it uses a new local operating subsidy that helps to keep rents low. The development is also one of the first funded under the state Mental Health Services Act housing program that helps provide permanent housing to people with mental-health issues.

The apartments are reserved for seniors earning no more than 45 percent and 50 percent of the area median income. On-site programs and case management are provided, and a nurse from the city Department of Public Health works at the property.

The development is designed to bring in natural light and features green-building strategies and products. More than 3,500 seniors applied to live at 990 Polk. - Donna Kimura"

For more information on the background on the competition:
<http://www.housingfinance.com/ahf/index.html>

4. Mental Health Service Act (MHSA) Update **COMMUNITY SERVICES AND SUPPORT**

The fourth quarter unduplicated counts were finalized for Fiscal Year 2008-2009. There were 582 clients served by the full service partnerships, 76 of whom were housed in stabilization and permanent housing situations. These numbers represent a 68% increase from FY07-08 fourth quarter unduplicated client count of 346. Overall, the full service partnerships served a total of 608 individuals for the fiscal year ended June 30, 2009.

The general system development agencies served 4,105 clients, providing a variety of services: peer based centers (n=2,104), school-based Wellness Center at School of the Arts (n=48), residential treatment for dually diagnosed individuals (n=9), children exposed to trauma and violence (274), increasing capacity for culturally and linguistically appropriate services (n=57); behavioral health services in primary care settings (n=151); supportive services for housing (n=322); vocational rehabilitation (n=39); transitional housing for youth (n=10); and centralized access to mental health and substance abuse services (n=1,066); and services to seriously emotionally disturbed children (n=25). In addition, 3,415 individuals were reached through outreach and engagement activities performed by all MHSA funded agencies and 2 clients in the supportive services for housing were approved for stabilization room housing. Overall, the general system development agencies served 7,176 individuals for the fiscal year ended June 30, 2009.

**MHSA PREVENTION AND EARLY INTERVENTION/WORKFORCE
DEVELOPMENT, EDUCATION AND TRAINING RFP PROPOSAL REVIEW
PROCESS CONCLUDES**

In June of this year, CBHS released a Request for Proposals (RFP) to develop and implement projects included within the City and County of San Francisco's Mental Health Services Act (MHSA) Workforce Development, Education and Training (WDET) and Prevention and Early Intervention (PEI) Three-Year Program and Expenditure Plans.

CBHS received 52 proposals in response to the PEI/WDET RFP. The proposal review process included seven Technical Review Panels held from Wednesday August 19, 2009 to Friday August 21, 2009. Special thanks to the 39 reviewers who contributed their time and expertise to inform the review and selection process. The diverse panels included 8 representatives from various sections of DPH, 11 representatives from other city/non-SF government agencies and 20 representatives from community-based organizations. A total of 8 reviewers identified themselves as consumers and/or family members of consumers.

The contract negotiation process will begin as soon as the formal protest period concludes on September 10th. The final list of awards will be available on the DPH MHSA web page on or before September 15th. Projects are scheduled to begin October 1, 2009.

CAPITAL FACILITIES

The Redwood Center Project proposal's public comment period ended on June 16, 2009. There were no comments received and the Project Proposal was approved by the Department of Mental Health on September 2, 2009. This project will convert the Redwood Center into a dual diagnosis residential treatment facility, providing rehabilitative services as well as mental health and substance abuse treatment. The last project proposal to be funded by capital facilities component is the renovation of the Sunset Mental Health Services building. Purposes include making the building accessible for persons with physical disabilities and creating a space for a health and wellness recovery center. The proposal is currently posted for a 30-day public comment and review period at the MHSA website :
<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/mnu30-DayNotice.asp>

MHSA ADVISORY COMMITTEE MEETINGS:

The last meeting for the Innovations component was held on August 27, 2009. Prior to this meeting, the Committee members and members of the public who attended either of the four special sessions were asked to vote for their top ten project/ideas for funding consideration. Thirteen projects received the most votes and six other projects received the same number of votes. At the last meeting, the Committee voted prioritized the six projects that received the same number of votes and approved projects that would be included in the SF County Innovation Plan.

The regular MHSA Advisory Committee meetings will reconvene on the third Wednesdays every other month beginning on October 21, 2009. Location is still to be determined.

5. Upcoming Conference

October 28, 2009

"Don't Worry Be Happy": Anxiety Disorders in Primary Care

10:00am-4:00pm, Mission Bay Conference Center at UCSF, 1675 Owens Street, San Francisco

The San Francisco Department of Public Health, Community Behavioral Health Services division, is sponsoring a conference targeting Primary Care Physicians and Nurses, Psychiatrists, Psychologists, Mental Health and Substance Abuse Counselors, Social Workers, LCSW's, MFT's, and Community Based Organizations. This conference will focus on integrating treatment of anxiety disorders and other behavioral health conditions in Primary Care Settings. **Due to popular demand, registration space is LIMITED.**

For questions or additional information, please contact the conference event planner at kathleen.minioza@sfdph.org.

COST: FREE

Continuing Education: 6 Hours (Free)

This is an activity offered by Community Behavioral Health Services (CBHS), a CMA accredited provider. Physicians attending this course may report up to 6 hours of Category credits toward the California Medical Association's Certification in Continuing Medical Education and the American Medical Association's Physician's Recognition Award.

Past issues of the CBHS Monthly Director's Report are available at:

<http://www.sfdph.org/dph/comupp/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>

To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

Item 3.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

2.1 Updates

Dr. Gleghorn: "There is no update to report this month"

3.2 Public comment

No public comments.

ITEM 4.0 ACTION ITEMS

4.1. Public comment

No public comments.

4.2. Resolutions

4.2. a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of July 08, 2009 be approved as submitted.

Resolution unanimously approved.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke: "The next PCIT Training is from September 21 to September 24, 2009"

5.2 Report of the Chair of the Board and the Executive Committee:

Ms. King: "On behalf of the Chair, I would like to announce the appointment of Susan McIntyre, Lara Arguelles and Dr. Mary Ann Jones to the Executive Committee. In addition to the officers, there are seats on the Committee for any areas not represented such as family member, consumer and mental health professional. The Chair in consultation with the Executive Committee makes the selection."

5.3 Report by Members of the Board on Their Activities on Behalf of the Board.

Ms. King: "I will give a brief report of the Southeast Group Meeting. The group has formed a community wellness partnership. We are looking forward to branching out. The Healing Circle event on September 19, 2009 is from 11 AM to 3 PM."

Ms. Arguelles: "I just attended a conference in Daly City in San Mateo County. This is the first time they focus on the Asian community."

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

No new business.

5.5 Public comment

ITEM 6.0 PUBLIC COMMENT

Ms. Francisca Oropeza: Ms. Francesca Oropeza submitted her proposed resolution to be forwarded to the Executive Committee to be considered at the next Board meeting. She thanked the Mental Health Board for its supporting letter to the Board of Supervisors to keep the Southeast Mission Geriatric Services in its present location.

Adjournment

Meeting adjourned at 8:06 PM.

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, 2nd Floor
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Wednesday, October 14, 2009

City Hall

One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT

For discussion.

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 SENIORS AND DEPRESSION AND OLDER ADULT SERVICES IN SAN FRANCISCO, EDWIN BATONGBACAL, LCSW, CHARLES RIVERA, MPA, FRANCISCA OROPEZA, MFT, SOUTHEAST MISSION GERIATRIC SERVICES

For discussion.

2.1 Presentation: Seniors and Depression and Older Adult Services in San Francisco, Edwin Batongbacal, Charles Rivera, MPA, Francisca Oropeza, MFT, Southeast Mission Geriatric Services

2.2 Public comment

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Item 3.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

3.1 Updates

3.2 Public Comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 Proposed Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of September 9, 2009 be approved as submitted.

4.2 b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board of the City and County of San Francisco remembers the late Elaine Mikels for her pioneering contribution to psychosocial rehabilitation and the community mental health movement by her creation of Conard House, and congratulates Conard House on its 50th Anniversary.

4.2 c PROPOSED RESOLUTION: Be it resolved that the Mental Health Board urges DPH to continue to keep the Southeast Mission Geriatric Services open in the community.

Item 5.0 REPORTS

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment

Item 6.0 PUBLIC COMMENT

Members of the public may address the Mental Health Board on any items of interest to the public that are within the subject matter jurisdiction of the Mental Health Board.

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.
5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.
6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the

removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD



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mhb@mentalhealthboardsf.org
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MENTAL HEALTH BOARD

October 14, 2009

Attachment A

RESOLUTION (MHB-2009-5): That the Mental Health Board of the City and County of San Francisco remembers the late Elaine Mikels for her pioneering contribution to psychosocial rehabilitation and the community mental health movement by her creation of Conard House, and congratulates Conard House on its 50th Anniversary.

WHEREAS San Francisco social worker Elaine Mikels had the idea in 1959 to create a normalizing transitional community for people with mental illness returning to San Francisco from Napa State Hospital, and;

WHEREAS in 1960 she created Conard House, the first "halfway house" in San Francisco and California, named after her social work mentor, Conard Rheiner, and;

WHEREAS over the ensuing decades, Elaine's colleagues and successors developed permanent supportive housing, supportive employment and other essential support services for San Francisco's community mental health clients, and;

WHEREAS through these services, self-management of one's illness, recovery, meaningful work and a rewarding life were not only possible but became and remain a daily reality for thousands of Conard House residents and clients throughout San Francisco, and;

WHEREAS the Conard House Board of Directors has designated November 5, 2009, as Founders' Day, the first in a series of events in 2009 and 2010 celebrating the organization's 50th Anniversary Year, THEREFORE

BE IT RESOLVED, that, on this occasion, the Mental Health Board of the City and County of San Francisco remembers the late Elaine Mikels for her pioneering contribution to psychosocial rehabilitation and the community mental health movement with the creation of Conard House, and;

BE IT FURTHER RESOLVED that the Mental Health Board acknowledges the volunteer board members and professional staff of Conard House over 50 years for their dedication to improving the lives of adults with mental health illness, and;

BE IT FURTHER RESOLVED that the Mental Health Board congratulates every Conard House resident and client on all that each has overcome and on all that each has accomplished.

SAN FRANCISCO MENTAL HEALTH BOARD



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mhb@mentalhealthboardsf.org
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MENTAL HEALTH BOARD

October 14, 2009

Attachment B

RESOLUTION (MHB – 2009-6): Be it resolved that the Mental Health Board urges the Department of Public Health to continue to keep the Southeast Mission Geriatric Services open in the community.

WHEREAS, the Mental Health Board recognizes the work which Southeast Mission Geriatric Services provides to the community, to the poorest and most disenfranchised populations, in particular the Latino and monolingual Spanish speaking populations, and;

WHEREAS, the Mental Health Board previously advocated for the clinic by writing a letter to protest the closure of the clinic and its removal from the Mission District location in the heart of the community which it serves, and;

WHEREAS, the Mental Health Board commends the Board of Supervisors for acknowledging the importance of this mental health clinic and assisting in maintaining services to clients it serves in their own community, and;

WHEREAS, the Mental Health Board commends the agreement made between the Mayor and the Board of Supervisors, to renew the lease for the building housing the Southeast Mission Geriatric Clinic, and;

WHEREAS, Southeast Mission Geriatric Services, which was staffed by seven social workers in 2000, is now staffed by one full-time social worker and a part-time Spanish speaking social worker, and;

WHEREAS, these social workers are continuing to work on extremely high caseloads and continue to take on new cases, THEREFORE

BE IT RESOLVED, that the Mental Health Board urges the Department of Public Health (DPH) to fulfill the agreement made between the Mayor and the Board of Supervisors, and sign the two year lease for the building housing the Southeast Mission Geriatric Clinic to keep this vital clinic open.

BE IT FURTHER RESOLVED, that the Mental Health Board urges DPH to restore the former social work positions.

SAN FRANCISCO MENTAL HEALTH BOARD



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Mayor

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UNADOPTED MINUTES

Mental Health Board

Wednesday, October 14, 2009

City Hall, Room 278

San Francisco, CA

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BOARD MEMBERS PRESENT: James L. McGhee, Chair; Jagruti Shukla, MD, MPH, Vice-Chair; James Shaye Keys, Secretary; M. Lara Siazon Arguelles; Mary Ann Jones, PhD; Susan McIntyre; Tom Purvis; Errol Wishom; Iviana Williams; Lisa Williams; and Virginia Wright.

BOARD MEMBERS ON LEAVE: Officer Kelly Dunn; LaVaughn Kellum King; and Njoroge Tho-Biaz, M.A.

BOARD MEMBERS ABSENT:

OTHERS PRESENT: Mr. Edwin Batongbacal, Director of Adult Services Director of Community Behavior Health Services (CBHS); Charles Rivera, Director of Older Adult Services for CBHS; Loy M. Proffitt (MHB Administrator); Sarah Accomazzo (MHB Special Projects Manager); Francisca Oropenza, MFT, Southeast Mission Geriatric Services; Valerie Gruber, PhD, Clinical Psychologists Member, Northern California Commission on Psychiatric Resources; Samuel Patterson; Sarah Richmond; Tracey Walters, Physicians Organizing Committee; and Michael Wise.

CALL TO ORDER

The meeting was called to order at 6:38 PM.

ROLL CALL

Ms. Accomazzo called the roll.

AGENDA CHANGES

None

ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Mr. McGhee: "In lieu of Dr. Robert Cabaj who normally gives the Director's report, Mr. Edwin Batongbacal, Director of Community Behavioral Health Services for Adults and Older Adult Services will give the Director's report for Dr. Cabaj."

Mr. Batongbacal: "Thank you for having me here tonight."

Substance abuse and HIV/AIDS have impacted much of the African American population in Bayview Hunters Point (BVHP), Potrero Hill and Sunnydale. The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded CBHS with a Targeted Capacity Expansion grant to provide services for Substance Abuse Treatment and HIV/AIDS services. CBHS is looking at service expansion and project enhancement for African American communities.

On Wednesday October 21, 2009 at 5 pm at 242 Turk Street there will be a Behavior Health Court Graduation. The guest speaker is Professor Terry Kupers from the Wright Institute who authored the book, Prison Madness: The Mental Health Crisis and What We Must Do About It.

About half-a-million dollars from the Workforce Development, Education, and Training (WDET) and the Capital Facilities were allocated to renovating Silver Avenue Family Health Center.

This month Director's Report lists projects that were selected and contracts that were awarded under the WDET and Prevention and Early Intervention (PEI) funding from the Mental Health Service Act."

Ms. McIntyre: "Can you please clarify the layoff of clerical workers?"

Mr. Batongbacal: "The No news is good news. For now, there are no instructions for further mid-year budget cuts at this time. November 15, 2009 is the layoff date for about 200 clerical workers in DPH. People with seniority and are still in the civil service system are being transferred to different departments. But the fiscal year 2010-2011 may experience cuts depending on budget and the general economy."

Ms. Wright: "What is the Silver Avenue renovation?"

Mr. Batongbacal: "I will need to get back to you on that question because I am not sure."

Dr. Jones: "What is the impact on services and programs from the substance abuse cuts?"

Mr. Batongbacal: "Revenue generating programs are kept as best as possible but non-revenue-generating substance abuse programs were hit by the budget cut more than other programs. Substance abuse programs are considered non-revenue generator and non-matching fund support. On the other hand, mental health programs have more matching funds."

Dr. Jones: "Is funding from drug MediCal for substance abuse programs smaller than the General Fund?"

Mr. Batongbacal: "Yes, it is very complex."

Mr. Purvis: "Is there anything being done for substance abuse services?"

Mr. Batongbacal: "The mega RFP is an opportunity to reconfigure our services. Bidders were instructed this is how much outpatient substance abuse money is available and how much mental health money is available; submit proposals for integrated behavioral health outpatient services. Hopefully we can leverage mental health funding to identify people with substance abuse and mental health issues and treat them at the same time."

Ms. Williams: "I do not see any organizations serving the LGBT communities? Was there any LGBT program that applied for Mental Health Service Act monies?"

Mr. Batongbacal: "Our ability to choose is dependent on who applied for the funding. Competence in providing behavioral health services to LGBT population was one of the items mentioned as desirable in the RFP. The department has used an objective tool of scoring to determine the awards."

1.2 Public Comment

No public comments.

Monthly Director's Report

October 14, 2009

1. SAMHSA TCE Grant Awarded to CBHS

Community Behavioral Health Services (CBHS) was awarded the Substance Abuse and Mental Health Services Administration (SAMHSA) Targeted Capacity Expansion grant for Substance Abuse Treatment and HIV/AIDS services. Southeast Health Opportunities Project (SHOP) is a service expansion and enhancement project that will serve the predominately African American residents of San Francisco's Bayview Hunters Point (BVHP), Potrero Hill, and Sunnydale neighborhoods impacted by substance use and abuse and HIV/ AIDS. The San Francisco Department of Public Health's Community Behavioral Health Services (CBHS) and its partners will implement this project. These partners will include contract agencies, affiliated community-based organizations, and stakeholder groups. The program will focus on low-income individuals who use or abuse illegal substances, engage in high-risk sexual behaviors, are involved in the criminal justice system and are in need of comprehensive treatment services. At least 300 people will be served annually. The contract award is in the total amount of \$2,250,000 (\$450,000/yr * 5yrs).

2. Behavioral Health Court Graduation

Please join the San Francisco Superior Court & the Behavioral Health Court Team for the 6th annual Behavioral Health Court Graduation Ceremony. The graduation is scheduled for Wednesday, October 21, 2009 at 5:00 pm, Kroc Center, 242 Turk Street. The Guest Speaker is Terry Kupers, Ph.D. Terry Kupers is Professor at The Wright Institute, author of Prison Madness: The Mental Health Crisis and What We Must Do About It, and a 2005 recipient of the NAMI Exemplary Psychiatrist Award. A reception will take place immediately following the ceremony.

3. Mental Health Service Act (MHSA) Update

MHSA REVENUES PROJECTED TO DRAMATICALLY DECREASE IN THE COMING YEARS

The economic downturn and protracted budget planning this fiscal year has created apprehension over the ability to generate MHSA revenues through the 1% income tax on incomes above \$1 million. In response to this, the State has released projected figures covering the next three fiscal years. Statewide, the current total MHSA allocation is \$1.3 billion for FY 09-10, with the projected budget falling to \$1.1 billion for FY 10-11, then \$942 million in FY11-12 and finally \$743 million in FY12-13. At the present time, San Francisco is due to receive \$25.1 million in

budget allocations for FY09-10. The projected numbers for San Francisco are estimated as follows: \$20.1 million for FY10-11, \$18 million for FY11-12, and \$14.2 million for FY12-13. As a result of the delayed budget process, San Francisco hasn't as yet received any MHSA funding for FY 09-10, other than the Workforce Development, Education, and Training allocation of \$854,000 and the Capital Facilities allocation for the Silver Avenue Family Health Center renovation project, coming in at \$508,000.

With projections showing a bleak picture in the coming years, the prudent reserve requirement that mandates counties to set aside at least 50% of most current CSS (Community Supports and Services) appropriations, in the event that revenues would decrease, will be rescinded in FY10-11. The reasoning behind this is that most counties would be dipping into their reserve, either partially or totally, to make up for this shortfall. To date, San Francisco has not been able to set aside enough funds to fulfill the prudent reserve requirement. The need to examine the effect of these projections and to start thinking about restructuring our MHSA programs is even greater for us locally.

PROJECTS SELECTED AND CONTRACTS AWARDED REGARDING WDET AND PEI FUNDING

The following agencies successfully submitted successful proposals in response to the RFP's and are currently in negotiations for contract awards. The table below lists the agency name, projects, and amount of funding, in alphabetical order by agency:

AGENCIES	PROJECTS (WDET and PEI)	AMOUNT
Bayview Hunters Point Foundation	Balboa HS Wellness Center	150,000
Bayview YMCA	1. African American Holistic Wellness Program 2. Burton HS Wellness Center	250,000 150,000
California Institute of Integral Studies	Supportive Services for Higher Education	252,000
Central City Hospitality House	1. Holistic Violence Prevention and Wellness Promotion Project 2. Older Adult Behavioral Health Screening	250,000 122,862
City College of San Francisco	2-year MH Certificate	447,427
Edgewood Center	1. Drew Elementary Wellness Center 2. Mental Health Consultation for JJ	150,000 425,000
Family Service Agency	1. Early Psychosis 2. Trainings-Early Psychosis and Older Adult Behavioral Health Screening	790,000 127,600
Harm Reduction Therapy Center	1. Cultural Competency Training 2. WDET Trainings	150,881 88,960
Homeless Children's Network	Early Childhood Mental Health Consultation	192,000
Huckleberry House	Transitional Age Youth Center	200,000
Institute on Aging	Older Adult Screening in Primary Care Clinics	670,078
Instituto Familiar de la Raza	1. Early Childhood Mental Health Consultation 2. Indigena Health and Wellness Collaborative 3. Paul Revere Wellness Center	42,000 250,000 150,000
Jewish Family and Children's Services	Early Childhood Mental Health Consultation	49,000

Mental Health Association of San Francisco	Consumer Support and Outreach	194,600
Native American Health Center	Living in Balance Holistic Wellness Center	250,000
Richmond Area Multi Services (RAMS)	1. Summer Bridge 2. Early Childhood Mental Health Consultation 3. Peer Specialist Certificate Program 4. School of the Arts Wellness Center & Expansion of School-Based Centers	60,000 25,000 200,000 232,400
Seneca Center	Screening and Support for Incarcerated Youth	312,000
San Francisco State University	Supportive Services for Higher Education	252,000
University of California San Francisco Infant Parent	Early Childhood Mental Health Consultation	178,000
Youth Justice Institute	Screening and Support for Incarcerated Youth	100,000
TOTAL		3,247,105

CAPITAL FACILITIES

The Redwood Center renovation project has been approved by the State on September 8, 2009. We are currently working with the Department of Public Works to move ahead with design and pre-construction plans. The 30-day posting for public review and comment of the Sunset Mental Health renovation ended on October 3, 2009, with no public comments having been received. We are in the process of forwarding this project proposal to the State Department of Mental Health for their approval.

MHSA ADVISORY COMMITTEE MEETINGS:

The Mental Health Services Act Advisory Committee meets bi-monthly from 3-5 pm, alternating between advisory meetings and community forums. The next scheduled meetings are as follows:

Wednesday, October 21, 2009	Thursday, December 17, 2009
Community Forum	Advisory Meeting
Community Youth Center	1380 Howard Street
1038 Post Street, San Francisco, CA 94109	San Francisco, CA 94103

Past issues of the CBHS Monthly Director's Report are available at:

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

Item 2.0 SENIORS AND DEPRESSION AND OLDER ADULT SERVICES IN SAN FRANCISCO, EDWIN BATONGBACAL, LCSW, CHARLES RIVERA, MPA, FRANCISCA OROPEZA, MFT, SOUTHEAST MISSION GERIATRIC SERVICES

2.1 Presentation: Seniors and Depression and Older Adult Services in San Francisco, Edwin Batongbacal, Charles Rivera, MPA, Francisca Oropeza, MFT, Southeast Mission Geriatric Services

Mr. McGhee: "One of the priority areas for the Mental Health Board is the needs and services of seniors, especially those with depression. Edwin Batongbacal, Director of Adult Services and Charles Rivera, Director of Older Adult Services for Community Behavioral Health Services will provide an overview of the services we have for seniors. Then Francisca Oropeza will give a brief presentation about the needs of seniors at the Southeast Mission Geriatric Clinic."

Presentation: Older Adult Services

Mr. Rivera: "Thank you for the warm welcome.

Good evening ladies and gentlemen, thank you for the opportunity to address you this evening.

My name is Charles Rivera. I am currently the program manager for the Older Adult System of Care. 9 years ago, I was the program director for both the civil service outpatient units, Central City Older Adults and Southeast Mission Geriatrics Services. At that time I also served as the Assistant Director for the Older Adult System of Care. I returned to the Older Adult System of Care after serving as director of outpatient programs for Laguna Honda Hospital.

Upon my return to 1380 Howard Street in April of this year, I was mostly struck by the changes in personnel. The majority of the colleagues I left behind 9 years ago had either retired or moved on to face new career challenges. How was the "new" 1380 Howard being managed without the guiding presence of the seasoned community based mental health warriors of the 60's and 70's?

It was no longer Community Mental Health Services, but Community Behavioral Health Services. **Integration** and **Access** issues were on the table when I left 9 years ago; these concepts are now part and parcel of CBHS. In my opinion these are all good signs of a healthy system of care that in spite of dour fiscal predictions continues to demonstrate the capacity to evolve their service delivery model in stride and almost seamlessly. This ability or capacity to remain proactive is one of the true strengths of the current mindset at CBHS.

While this may sound a little maudlin, being proactive, in many ways is the only path one can opt to take, especially in light of our current economic state. Despite the budget woes, the Older Adult System of Care continues to strive to be true to its mission as the behavioral health safety net for our frail older adult San Franciscans. While this may sound a little maudlin, being proactive, in many ways is the only path one can take, especially in light of our current economic state. Despite the budget woes, the Older Adult System of Care continues to strive to be true to its

mission as a behavioral health safety net for our frail older adult San Franciscans. Here is a brief synopsis of our current state of affairs.

- **Southeast Mission Geriatric Services** continues to remain in its current location, serving the Mission District, Bay View, Excelsior, and sometimes beyond. Due to the severe demographic and geographical demands upon our Cantonese speaking clinical resources, two of the bilingual/bicultural Cantonese staff have been re-deployed to Sunset Mental Health and South of Market Mental Health respectively. Another full time Cantonese clinician working under the Southeast Mission Geriatric umbrella is assigned to the Ocean view Merced Ingleside OMI clinic. In response to its current on-site clinical staffing of 2.5 staff, Southeast has curtailed its drop-in capacity, however, depending on staffing for the day, will open its doors on a case-by-case basis. Southeast Mission continues to work in partnership with the Mobile Crisis Team and will continue to respond to its concurrent caseload. The Mobile Crisis Team in turn will respond to new unduplicated older adult clients. In those cases, the Southeast Mission staff of course will be available for consultation and/or if staffing allows, will accompany the MCT to the site. We are also exploring ways of maximizing the living space at the Southeast site. We have initialized discussion with a Family Service Agency older adult behavioral health program as well as a civil service program from the nearby neighborhood. The notion is that by having additional programs on-site, we will enliven and invigorate southeast as a more vibrant community site. The addition of more staff will also increase safety as well bolster the office support. With only one on-site dedicated part time bilingual bicultural Spanish speaking staff, the capacity for Southeast to serve the growing Hispanic population and the increasing demands for our services is another challenge we must resolve. In this light, we are determined to hire another full time clinician who can bring both language and cultural skills to the table. We currently have a live full time social work requisition and we hope to fill it in order to meet this challenge of providing adequate and culturally competent services for our minority community. In the mean time, realizing that our bilingual Spanish speaking staff member was becoming a "scare resource" we began networking and coordinating with our partners in the Adult System of Care, specifically, Mission Mental Health and Central City Older Adults. A special thank you goes out to Manual Mena and Kim Schoen, the respective directors of the two sites for their cooperation and team work. Mission Mental Health will assist us by enrolling unduplicated older adult Hispanic monolingual clients into their system of care. The Older Adult System of Care of course will continue to be available for consultation and absorb those clients who may present with more complex older adult behaviors/issues more in line with our expertise and experience. Central City Older Adults other "scare resource" a full time bilingual bicultural Hispanic clinician has worked in concert with her counterpart at SEMG in order to coordinate caseloads and response. I should mention also, that SEMG is in the process of implementing some of the initial aspects of the primary care initiative.

- **Central City Older Adults** continues to remain dedicated to the often times mercurial older adult population of the Tenderloin and central city. The biggest challenge for CCOA is to maintain their current level of excellence and ability to respond. With reduced resources and travel times increasing due to demands on the system of care, the clinic has been in dire need of an automobile. We are currently working with our partners in DPH to procure a car for CCOA staff in order to reduce their travel time and increase their ability to respond. CCOA continues to have the capacity to serve clients in Tagalog and Spanish. CCOA has also historically worked in partnership with the Curry Center, a primary care clinic site.
- **Cantonese Speaking staff**. As mentioned earlier, the OA SOC has also responded to the increasing demand for our services from the older adult monolingual Cantonese speaking community. The OA SOC now has 3 excellent full time bi-lingual bicultural staff that can respond and work with the older adult monolingual Cantonese speaking population. We have also initiated coordination with Chinatown North Beach behavioral health in order to provide each other with mutual support and aid. The recent Chinatown fire was an excellent example of the system of care coming together to support the community during a dire time of need. Cantonese speaking staff from the Mobile Crisis Team, South of Market Mental Health, and Chinatown North Beach, within one hour of notification all made their way to work with the local crisis coordinator in order to provide language as well as clinical support services. Kudos to the system of care and the excellent staff response. All of them remained until late in the evening. Wilma Louie of Chinatown Northbeach, Dr. David Pine of the Mobile Crisis Team, and Ernestina Carrillo of SOMA should be acknowledged for their clinician's response during this crisis.
- **Contractors: Family Service Agency** continues to be a very valuable partner within the OA SOC. FSA continues to address the needs of the older adult specialized population with their OA Intensive Case Management team and Full Service Partnership programs. Both programs have been successful in their capacity to serve their respective target populations. However, like most programs, waiting lists do occur as their capacities are maximized due to the high demand for their services.
- **Progress Foundation Rypins House Residential Treatment** continues to be the only Transitional Residential Treatment program dedicated and focused primarily on serving older adults. In conjunction with their excellent Day Treatment program, Rypins/Carroll House continues to work in close partnership with the Older Adult System of Care in order to both maintain and sustain older adult clients who otherwise would have great difficulty transitioning to the community upon their discharge from an institutional based setting.
- **We have also re-invigorated the Older Adult System of Care monthly meeting.** We have met monthly now for the last 4 months and have expanded its stakeholders

to include Adult Protective Services, the Mobile Crisis Team, Curry Center, Progress Foundation, Family Service Agency, Mission Mental Health, Sunset Mental Health, OMI and SOMA. This monthly is dedicated to presenting and hopefully resolving operational issues in a proactive manner through dialog and mutual agreement.

In closing, I would once again like to thank the board for your time and allowing me to address you all. Yes the next several months will indeed be challenging. However, the ongoing dedication of the staff, while admittedly being stretched, remains resolute. We will continue to work creatively and effectively. This will take ongoing partnership, communication and working with a sense of priority that takes into account ultimately, the well being of the patient.

Thank you.”

Mr. Keys: “What are your thoughts on integrating mental health and substance abuse with primary care, especially for the Southeast sector?”

Mr. Rivera: “In light of current financial concerns, integration is great. We are in the process of developing contacts for mental health, which is difficult, in the Southeast sector. We have trainings scheduled together so far.”

Mr. Keys: “Have students who can obtain educational credit by doing internships or by getting volunteers helped out the staff?”

Mr. Rivera: “It seems there is more interest in internships that focus on adults rather than older adults. I guess working with the older adults is not a “sexy” program. We need to work more on this.”

Dr. Shukla: “The geriatric population needs to be integrated because they may have primary care needs as well as mental health issues. Sometimes it is a situation of: is it a low grade infection or is it just dementia. Medications could be over prescribed if misdiagnosed. Does your staff have any plan with primary care?”

Mr. Rivera: “Yes, we do. Untreated depression can lead to serious mental and behavioral health illnesses. Out-patient clinicians must deal with them daily. We see many older adults who have established a long-term relationship with their primary who are often left out in the cold when their primary care physicians retired.”

Mr. Batongbacal: “Curry Senior Center is one of our primary care center providing behavior health services.”

Mr. Purvis: “A few months ago, we heard that National Public Radio (NPR) had reported on the collaboration between University of California in San Francisco (UCSF) and Family Services Agency (FSA) on early intervention with schizophrenia.”

Dr. Jones: “Does CBHS have a map showing populations being served and how older adults come into the system?”

Mr. Batongbacal: "We have an organizational chart which is available on the web but not a map. We can construct one."

Ms. Wright: "When older adults are seeking services for the first time, how are they qualified?"

Mr. Rivera: "We have a motto. No door is the wrong door. We also provide walk-in services."

Dr. Shukla: "Do you feel your staff have language proficiency?"

Mr. Rivera: "We currently have two populations in demand for language proficiency. They are Cantonese and Spanish speakers."

Mr. Batongbacal: "If we do not have in-house language interpreters we will utilize San Francisco General Hospital's interpreters because the hospital has many different interpreters. We have the can-do attitude."

Public Comment

Mr. Wise: He inquired about housing services for seniors in the Southeast Mission area who need board and care and supportive housing.

Mr. Rivera: "Board and care is expensive. We look at affordable housing by the year 2020."

Presentation: Southeast Mission Geriatric Clinic

Ms. Oropeza: "Thank you for the supportive letter to keep funding for Southeast Mission Geriatric Clinic. The Southeast Mission Geriatric Services provides services to seniors who are economically poor and disenfranchised people."

The clinic is conveniently located for ease of public transportation. It is safe and quiet as well as anonymous which takes away the mental health stigma. We serve clients in the Mission, Bayview Hunters Point, Bernal Heights, Diamond Heights, Excelsior, Glen Park, Noe Valley, Portola, Potrero Hill, East of Twin Peaks, Outer Mission and parts of Crocker-Amazon neighborhoods.

These areas have a large numbers of people over 65 years old, and many of them are Latinos, Cantonese Chinese, and many of them often have co-occurring disorders. Some of these seniors are, themselves, caregivers for their grandchildren. Many of them are uneducated, are living below the poverty line, and are living alone or have no family. A few of them have undocumented status.

Besides having staff who are both culturally competent and linguistically proficient, the Southeast Mission Geriatric clinic provides care giving, dual diagnosis treatment, traumas and self-esteem counseling. Without family to care for them or living alone, a lot of seniors have psychiatric issues; physical disabilities and need help in living independently in the community. There are common psychological problems such as behavior disorders, dementia, schizophrenia, paranoia, personality disorders, and bereavement.

For example, Latinas tend to have later on-set of post traumatic stress disorder (PTSD) from rapes and some older adults who were immigrants have recurring flashbacks from crossing the borders.

The clinical staff has expertise in working with geriatric population issues such as depression and risk of suicide. The staff has knowledge in co-morbid physical health and cognitive decline issues

as well as life-transition issues related to aging. We have staff provide home visits and field visits to clients who are homebound or psychiatrically impaired seniors. We also intervene in cases of elderly abuse.

We are seeing the following trends. Generalized Anxiety Disorder is the most common anxiety disorders among older adults. Manic Depressive Disorder is the most common late onset psychological problem. Many senior women with mental illness tend to stay out of the public eye until a crisis situation precipitated them in an emergency circumstance. Suicide is the highest in many senior Caucasian males who live alone. Older Black Americans will triple by the year 2050. The older Hispanic population will increase from 4% to 16% among the older adult population. Older widowers have the highest prevalence rates of alcohol abuse among older adults. Beside alcoholism, we see a lot of substance dependence on prescription medications.

Ms. Arguelles: "What is the ethnicity of the rest besides Cantonese and Spanish speaking clients?"

Ms. Oropeza: "We recently lost a Tagalog speaking clinician who would serve the Filipino clients. We right now have mostly Cantonese and Spanish speaking clients."

Ms. McIntyre: "What would you like the board to do for the Southeast Mission Geriatric Services?"

Ms. Oropeza: "I would like to maintain our current location because it is conveniently located for people in the Mission and the Southeast sector. Also, we ask for an increase in the number of social workers."

Public Comment

Ms. Gruber: She empathized with Ms. Francisca Oropeza struggle for funding due to budget cut.

ITEM 3.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

3.1 Updates

No updates.

3.2 Public comment

No public comments.

ITEM 4.0 ACTION ITEMS

4.1. Public comment

No public comments.

4.2. Resolutions

Mr. McGhee: "Ms. Accomazzo will read the resolution in its entirety and then we will discuss the resolution. If there are any changes suggested, we will vote on the changes first, and then vote on the approval of the entire resolution with the changes."

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of September 9, 2009 be approved as submitted.

Resolution unanimously approved.

4.2 b PROPOSED RESOLUTION: Be it resolved that the Mental Health Board of the City and County of San Francisco remembers the late Elaine Mikels for her pioneering contribution to psychosocial rehabilitation and the community mental health movement by her creation of Conard House, and congratulates Conard House on its 50th Anniversary.

Resolution unanimously approved.

4.2 c PROPOSED RESOLUTION: Be it resolved that the Mental Health Board urges DPH to continue to keep the Southeast Mission Geriatric Services open in the community.

Resolution unanimously approved.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Mr. McGhee: "Ms. Brooke is on vacation visiting her son and her two brothers. Ms. Accomazzo will give her report."

Ms. Accomazzo: Ms. Brooke asked me to announce that we have been approved to have a Coro Fellow spend four weeks with us to focus specifically on the needs and issues of girls and women in the Southeast Sector. She will be meeting with executive directors and community leaders. At the end she will have a presentation and a written summary of what she finds."

5.2 Report of the Chair of the Board and the Executive Committee:

Mr. McGhee: "Before Ms. Brooke went on her vacation, she submitted the proposal for San Francisco Mental Health Education Funds, Inc. to continue to staff and operate the Mental Health Board. On another matter, we were sad to have to accept Jagruti Shukla's resignation from the board, effective tonight. We will truly miss her great questions and comments at the meeting and her leadership as Vice Chair. I would like to present her with this Certificate.

Next, my term as Chair and the term of Secretary for Mr. Keys ends in February 2010, plus we have the open Vice Chair opening. The Executive Committee will be inviting those of you who are interested to serve on a Nominating Committee in November to nominate new officers. The slate will be announced at the January 2010 meeting and voted on in February. If you are interested in running for a position on the Executive Committee, please feel free to let the Nominating Committee members know. Also, if you are on the Nominating Committee you can still run for a position. Finally, at the February meeting, nominations can be added from the floor.

The Executive Committee voted to change the date of the November Mental Health Board meeting to Tuesday, November 10th at City Hall, Room 278, because Wednesday the 11th is Veterans Day and a City holiday."

5.3 Report by Members of the Board on Their Activities on Behalf of the Board.

No reports.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Mr. Purvis: "I suggest having NAMI to participate in a joint meeting with the Mental Health Board of San Francisco."

Mr. Keys: "I would like to discuss housing beds for people who have been 51/50'd, and for people with mental illness and for San Francisco indigents."

5.5 Public comment

No comments.

ITEM 6.0 PUBLIC COMMENT

No public comments

Adjournment

Meeting adjourned at 8:39 PM.

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, 2nd Floor
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhbsf.org
www.mhbsf.org
www.sfgov.org/mental_health

MEETING OF THE MENTAL HEALTH BOARD

Tuesday, November 10, 2009

City Hall

One Carlton B. Goodlett Place
2nd Floor, Room 278
6:30 – 8:30 PM

CALL TO ORDER

ROLL CALL

AGENDA CHANGES

Item 1.0 DIRECTORS REPORT
For discussion.

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1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

1.2 Public Comment

Item 2.0 SAN FRANCISCO POLICE DEPARTMENT REORGANIZATION AND 2010 VISION, ASSISTANT CHIEF JIM LYNCH

For discussion.

2.1 Presentation: San Francisco Police Department Reorganization And 2010 Vision, Assistant Chief Jim Lynch

2.2 Public comment

Item 3.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

3.1 Updates

3.2 Public Comment

Item 4.0 ACTION ITEMS

For discussion and action.

4.1 Public comment

4.2 Proposed Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of October 14, 2009 be approved as submitted.

Item 5.0 REPORTS

For discussion and possible action.

5.1 Report from the Executive Director of the Mental Health Board.

5.2 Report of the Chair of the Board and the Executive Committee.

5.3 Report by members of the Board on their activities on behalf of the Board.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

5.5 Public comment

Item 6.0 PUBLIC COMMENT

ADJOURNMENT

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.

2. Meetings are held at City Hall, One Dr. Carlton B. Goodlett Place (between Grove and McAllister), in Room 278. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. The closest Muni Metro

station is the Van Ness Station. Accessible MUNI lines serving the location are the 9 San Bruno, 47 Van Ness, and 71 Haight/Noreiga. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.

3. Special Hearings are usually held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.

4. For Special Hearings at other locations, please call for directions or bus information. All locations will be accessible.

5. City Hall is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on One Dr. Carlton B. Goodlett Place.

6. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code from the internet at: www.sfgov.org/sunshine

To view Mental Health Board agendas and minutes, you may visit the MHB web page at: www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

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UNADOPTED MINUTES

Mental Health Board

Tuesday, November 10, 2009

City Hall, Room 278

San Francisco, CA

BOARD MEMBERS PRESENT: James L. McGhee, Chair; James Shaye Keys, Secretary; M. Lara Siazon Arguelles; Mary Ann Jones, PhD; Officer Kelly Dunn; LaVaughn Kellum King; Susan McIntyre; Tom Purvis; Njoroge Tho-Biaz, M.A.; Errol Wishom; Iviana Williams; and Virginia Wright.

BOARD MEMBERS ON LEAVE: Lisa Williams

BOARD MEMBERS ABSENT:

OTHERS PRESENT: Jim Lynch, Assistant Chief, San Francisco Police Department; Helynnna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator); Dale Milfay, NAMI; Carol Tatum; Joy King; Noah King, and three members of the public.

CALL TO ORDER

The meeting was called to order at 6:38 PM.

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

None

ITEM 1.0 DIRECTORS REPORT

1.1 Discussion regarding Community Behavioral Health Services Department Report, a report on the activities and operations of Community Behavioral Health Services, including budget, planning, policy, and programs and services.

Mr. McGhee: "Dr. Robert Cabaj, Director of Community Behavioral Health Services, was unable to be here this evening. However, he did provide the Director's Report. Let us take a moment to review it to see if we have any questions to forward to Dr. Cabaj."

Mr. Purvis: "The Mental Health Assumption Loan Program is unclear. I would like Dr. Cabaj to explain more about the program."

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Ms. McIntyre: "I would like to see more numbers and statistics on the people being served and programs being supported by CBHS."

1.2 Public Comment

No public comments.

Monthly Director's Report

November 10, 2009

1. Mental Health Loan Assumption Program

As an objective of the Mental Health Services Act (MHSA), the California Department of Mental Health (DMH) has partnered with the Office of Statewide Health Planning and Development/ Health Professions Education Foundation (Foundation) to develop and implement a statewide loan repayment program, which aims to strengthen California's Public Mental Health System (PMHS). The Mental Health Loan Assumption Program (MHLAP) provides up to \$2.5 million annually to individuals employed in California's hard to fill or retain mental health professions. Eligible Psychologists, Marriage and Family Therapists, Social Workers, Psychiatrists, or Psychiatric Mental Health Nurse Practitioners may receive up to \$10,000 in exchange for a one-year service commitment in the Public Mental Health System. The application and other marketing materials can be downloaded at the following link: <http://www.oshpd.ca.gov/HPEF/MHLAP.html>

The MHLAP has an upcoming postmark deadline of **January 24, 2010**. Please note that County Mental Health Directors must confirm each applicant's employment in a hard to fill or retain position in Public Mental Health System. In order to allow sufficient time for Counties to verify this information, all County Employment or Volunteer Verification Forms must be postmarked to the County's Mental Health Director by **December 10, 2009**.

For more information regarding this exciting opportunity, there are a number of upcoming Technical Assistance Conference Calls:

Monday, November 30 from 12 Noon-1:00pm

Monday, November 30 5:30pm-6:30 pm

Thursday, December 3 from 12:00 pm to 1:00pm

Thursday, December 3 from 5:30 pm to 6:30 pm.

The call-in number will be (877) 213-1782. Please ask the applicants to RSVP to Judy Melson, Program Officer with the Health Professions Education Foundation, at JMelson@oshpd.state.ca.us in order to obtain their participation code. We need to keep track of how many people will be on each call.

Questions? Please feel free to contact Adrienne J. Shilton at ashilton@cimh.org or (916) 556-3480, ext. 148 or Judy Melson at JMelson@oshpd.state.ca.us or (916)326-3648.

2. Mental Health Service Act (MHSA) Update

CHANGE OF MANAGEMENT AT 990 POLK STREET

The Tenderloin Neighborhood Development Corporation (TNDC) will be taking over building management at 990 Polk Street from of Citizens Housing Corporation (CHC), due to financial problems within its organization. CHC will be phasing out the management of their San Francisco and Bay Area properties over a period of time to avoid disruptions to tenants.

TWO MEMBERS OF MHSA TEAM MOVING ON TO NEW POSITIONS

James Robinson, MHSA System Navigator, and Kevin Ledbetter, MHSA Administrative Assistant, will be leaving their positions and be moving on to new positions at the end of the month. James will be joining the SF Homeless Outreach Team (HOT) as Outreach Specialist, and Kevin will be assuming duties as Administrative Support at the Behavioral Health Access Center (BHAC). They both have been invaluable assets to the MHSA team over the past three years and will be missed. We wish them every success in their new positions.

MHSA ADVISORY COMMITTEE MEETINGS:

The Mental Health Services Act Advisory Committee meets bi-monthly from 3-5 pm, alternating between advisory meetings and community forums. The next scheduled meetings are as follows:

Thursday, December 17, 2009
Advisory Meeting
1380 Howard Street
San Francisco, CA 94103

Wednesday, February 17, 2010
Community Forum
TBD

2. Upcoming Training

For the last two years, CBHS has sponsored a Consumer and Family oriented workshop to address issues related to recovery. This year's theme is "In One Voice, We Unite".

This workshop will focus on providing key strategies to assist families in their recovery. The workshop will bring experts in the field, consumers, and family members to share their knowledge and experience. Part of the workshop will focus on how to develop and maintain the Wellness Recovery Action Plan (WRAP).

The Children Youth and Family section of CBHS will showcase some of their Digital Stories. Digital Stories have allowed San Francisco youth and caregivers to share their own personal experience in dealing with mental illness, substance abuse, and trauma.

The workshop will be held on December 11, 2009 at St. Mary's Conference Center, 1111 Gough St. in the St. Francis room from 10:00am to 2:00pm.

Past issues of the CBHS Monthly Director's Report are available at:
<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>
To receive this Monthly Report via e-mail, please e-mail richelle-lynn.mojica@sfdph.org

Item 2.0 SAN FRANCISCO POLICE DEPARTMENT REORGANIZATION AND 2010 VISION, ASSISTANT CHIEF JIM LYNCH, SAN FRANCISCO POLICE DEPARTMENT

2.1 Presentation: San Francisco Police Department Reorganization And 2010 Vision, Assistant Chief Jim Lynch, San Francisco Police Department

Mr. McGhee: "I am pleased to introduce Assistant Chief Jim Lynch. He has long been a supporter of the Police Crisis Intervention Training (PCIT), which is a collaboration between mental health and the San Francisco Police Department (SFPD), and we were pleased when we learned that he was appointed Assistant Chief. He will share the new vision of the police department with us."

Assistant Chief Lynch: "Thank you for the warm welcome. Community Policing has been, and will continue to be the model for providing law enforcement services by the SFPD. I have 31 years experience with law enforcement services. I served at the San Francisco International Airport as a Commander in 2007.

The former Chief of Police Heather Fong appointed me two years ago as Assistant Chief. By Friday November 13, 2009, two more deputy chiefs will be promoted to assistant chief positions. After Chief Fong retired this fall, Chief George Gascón, who was from Mesa, Arizona became the new Chief of the SFPD.

Chief George Gascón's vision required the restructuring of the San Francisco police organization so that the organizational changes would be more responsive to the needs of the City. After hundreds of hours of evaluation and discussion, through the establishment of collaborations between the department and outside stake holders, Chief Gascón hopes to implement the structure starting

November 2009. He wants the bureau to improve its span of control, authority and accountability. He wants decentralization of investigative units and implementation of community advisory boards and community forums.

The SFPD's previous chain of command had the following levels: chief, assistant chief and deputy chiefs with four different bureaus: Administration, Field Operations, which is the uniformed patrol division, Airport Operations and Investigations. Each bureau had its own deputy chief who reported to an assistant chief who then reported to the police chief.

But the extra layer created several challenges between San Francisco and the chief. There was diminished use of resources for community policing. The investigative functions being centralized at the headquarters rather than at community police stations, impeded the efforts to solving cases and lowering the crime rate.

In the new model, the following major changes have been incorporated by Chief Gascón. There will be three bureaus, and bureau chiefs will have more power. All uniform and investigative functions will be merged under one command. The goals of the new model are the following:

- Consistent Community Policing Model
- Improved Case management
- Accountability Systems
- Uniformly applied problem solving models sensitive to and accountable to neighborhood level stake holders

The objectives are the following:

- Community Forum
- Community Police Advisory Boards
- SFPD Foundation
- Formalized Problem Solving Model
- 5th Lieutenant at Each Station
- Inspectors assigned to Each Station
- Community Outreach Unit
- Real Time Analysis of Public Safety Activity

Mr. Keys: "How many women are in the top command staff?"

Assistant Chief Lynch: "So far we have women commanding Airport Operations, Investigations and Homeland Security."

Ms. Arguelles: "I live in the Mission. Do you have any beat patrol living in the community so they can understand the community needs?"

Assistant Chief Lynch: "To get enough people to fill about 500 openings we often have about a 40% drop-out rate from our front-end investments. Although it sounds good to have officers living in their own communities, it does not happen due to economic reasons."

The initial deployment, which was consistent with the Police Effectiveness Review (PER) studies, was implemented at the Ingleside District whose captain is Mr. David Lazar. There is a 5th lieutenant who is responsible for solving problems and crime analysis. Additionally, the station has a designated analyst and a Community Advisory Board.

In November 2009, there will be departmental wide implementation of the new model. The PER studies recommended that an officer's time besides actively spent on vehicle and foot patrol and investigation should include solving community problems and acting as a liaison to community based organizations.

The PCIT has been a great program. The San Francisco PCIT is recognized as the State of California model, and the State has incorporated it into California's Penal Code. About 867 officers have received the training.

The Six Sigma is a formal system to evaluate and improve efficiency with measureable levels like from green belt to black belt. The Six Sigma was adopted by Motorola. Chief Gascón wants to implement this model to address the way the police department responds to San Francisco's homeless issues. It focuses on continuous efforts to achieve stable and predictable process results, and on goals that can be measured, analyzed, improved and controlled. The model emphasizes strong and passionate management leadership and support.

Three officers were involved in shooting people with mental illnesses. Although the shootings were legally justified, it is not good to risk life. Looking at officers involved in shootings over the past five years, hopefully, we can come up with recommendations to help police deal with people with mental illnesses.

There is a need for \$253 million to staff civilian positions, and there are about 233 civilian positions needed."

Ms King: "There is about \$600K funding from the Housing Authority for the San Francisco Police Department."

Assistant Chief Lynch: "There is a support mechanism from the Housing Authority."

Mr. Keys: "Are there any plans to increase the number of psychiatric liaisons?"

Ms. McIntyre: "How is San Francisco compared to other places?"

Assistant Chief Lynch: "A lot of non-police functions have been outsourced to other agencies."

Ms. McIntyre: "I also see more police officers on the street which is great. How could we give our voices to the community? How can people get more involved as you mentioned in your presentation."

Assistant Chief Lynch: "To get more involved, I suggest the involvement should be at the district level."

Mr. Keys: "Services have been cut and we are not able to provide as many mental health and substance abuse services. The Tenderloin District needs more foot patrol police officers. We don't see any of them. I would like to see an increase in police on foot patrol to help out the Tenderloin because many residents are concerned about their safety. With more services, problem people could get help, but lots of families and individuals have a fear of police."

I have seen marked and unmarked police cars including police on bikes in the area, but I have not seen one-on-one relationships.

We also see African Americans being singled out and they ended up in community court. This is a deep concern in the South of Market neighborhood. I would like to see more beat officers in the Tenderloin."

Assistant Chief Lynch: "Tenderloin has received more attention in the past year, especially in the past 90 days. Chief Gascón has picked the Tenderloin to focus on."

Mr. Keys: "I would like to emphasize that it is a neighborhood and many people are afraid to walk after dark."

Ms. King: "I live in the Visitacion Valley. People are living in constant fear and have started turning lights out at night. I would like someone to talk with our Homeowner's Association. I would like more help for the Bay View Hunters Point area. My daughter is a 911 dispatcher, and she has noticed an increase in emergency calls in the area."

Assistant Chief Lynch: "With the new model under Chief Gascón, we will create community advisory boards and community forums to keep us interactively abreast of any neighborhood issues. The collaboration between the police and the community should help resolve issues and problems."

Item 2.2 Public Comment

Carol Taylor: She is a District 10 resident and mentioned fire arms in the hands of young children. She wondered where they get the guns from.

Ms. Dale Milfay: She is from NAMI. She shared her belief that South of Market and the Tenderloin have become the dumping ground for incarcerated people with mental illness.

Assistant Chief Jim Lynch: "Thank you for the time."

ITEM 3.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

3.1 Updates

Mr. McGhee: "CBHS has no updates for us at this time."

3.2 Public comment

No public comments.

ITEM 4.0 ACTION ITEMS

4.1. Public comment

No public comments.

4.2. Resolutions

4.2 a PROPOSED RESOLUTION: Be it resolved that the minutes of the Mental Health Board meeting of October 14, 2009 be approved as submitted.

Resolution unanimously approved.

ITEM 5.0 REPORTS

5.1 Report from the Executive Director of the Mental Health Board.

Ms. Brooke: "Saturday December 5, 2009 is our Mental Health Board Annual Retreat.

On Friday November 13, 2009 between 1:30-2:30 pm at 1380 Howard Street Room 429, Ms. Erika Carlsen, Coro Fellow for the San Francisco Mental Health Board and GABHS for Gals, will present the Voices in the Southeast Sector: Needs Assessment of Services for Women and Girls in the Southeast Sector presentation."

5.2 Report of the Chair of the Board and the Executive Committee:

Mr. McGhee: "We celebrated Conard House's 50th anniversary last Thursday, November 5, 2009. There were approximately 170 people and about 20 proclamations were given. Several City and State officials were there. I want to thank board members for attending the celebration.

I am looking forward to our upcoming board retreat. We make it an interesting day and look forward to setting our goals for 2010. Is everyone planning to attend? For those of you who haven't attended a retreat yet, it is a great opportunity to get to know your fellow board members. This is also when the board priorities for the year are developed. Every board member who is at the retreat has a voice in creating the board goals for the upcoming year.

The Executive Committee selected a Nominating Committee that will meet prior to the January 2010 board meeting to create a slate of new officers. The members of the committee are: James McGhee, Kelly Dunn, Errol Wishom, Lisa Williams and Lara Arguelles. Ms. Williams is the chair of the committee. If anyone else is interested in being on the committee, please feel free to let me know. In February, James Keys and I will be termed out in our current positions. Also, if you are interested in one of the elected positions, I encourage you to call the committee, or call Ms. Brooke and she will forward your name. Nominations will be announced at the January meeting but voted on at the February meeting.

The Executive Committee wants to hold a joint hearing in the new year with the National Alliance on Mental Illness of San Francisco (NAMI-SF). Tom Purvis, Lara Arguelles, and Susan McIntyre volunteered to be on the committee and the November 19th Executive Committee meeting will focus on the Hearing. Mr. Keys, will you give the board a description of the purpose of the proposed hearing?"

Mr. Keys: "St. Luke Hospital has redlined services like skilled nursing beds and psychiatric beds, and in-patient services for mentally ill patients. Now out-patient services have been cut as well. Hospital beds for mentally ill people are scarce. Davies Hospital has cut mental health and drug and alcohol services. Why are hospitals still getting non-profit status but they don't provide services for the poor with mental illness?"

5.3 Report by Members of the Board on Their Activities on Behalf of the Board.

Mr. McGhee: "Ms. King will give a brief report of the Southeast Group Meeting. And I am sad to announce that this will be her last board meeting. She is resigning from her seat in order to spend more time with her family. But she will still be working closely with the board in her new role as peer intern.

Ms. King: "I was not able to be at Conard House's 50th anniversary celebration because it occurred on the same day as the Healing Circle meeting. Coro intern Erica Carlsen attended the Healing Circle. Also I want to let the board know that tonight is my last meeting.

5.4 New business - Suggestions for future agenda items to be referred to the Executive Committee.

No new business.

5.5 Public comment

No public comments

ITEM 6.0 PUBLIC COMMENT

No public comments

Adjournment

Meeting adjourned at 8:49 PM.

ASSISTANT CHIEF JIM LYNCH'S POWER POINT PRESENTATION

San Francisco Police Department
George Gascón
Chief of Police

Community Policing
In
San Francisco

San Francisco Police Department

George Gascón Chief of Police



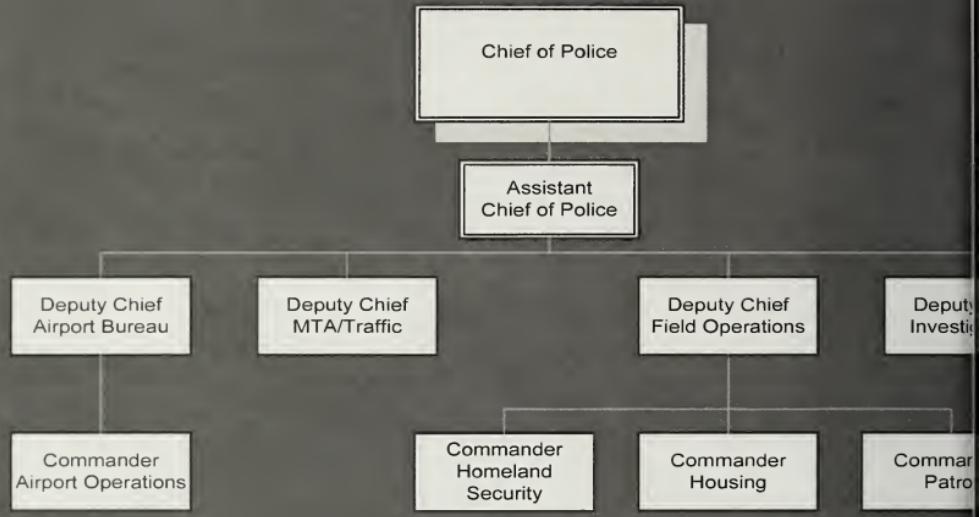
Community Policing
In
San Francisco

Organizational Changes

- Organizational Changes (effective November 2009)
 - *Bureau Re-Organization to improve Span of Control, Authority and Accountability.
 - *De-centralization of Investigative Units
 - *Implementation of Community Advisory Board (stations) and Community Forum (Chief's Office).

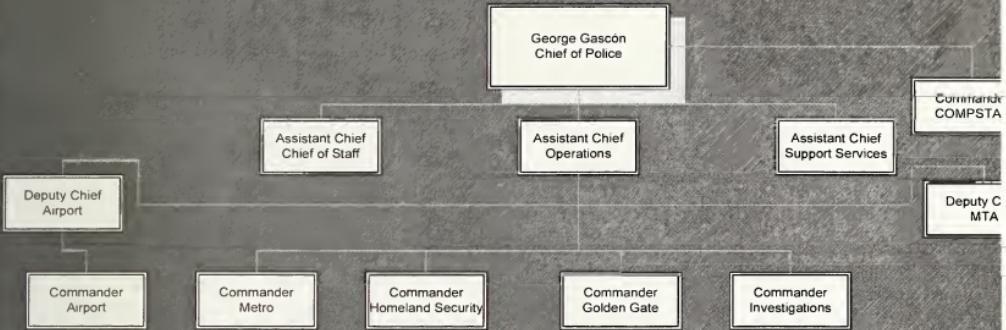
Previous Organizational Structure

Current SFPD Command Structure



New Organizational Structure

Proposed SFPD Command Staff Structure
October 19, 2009



GOALS

- Consistent Community Policing Model
- Improved Case management
- Accountability Systems (ie: Compstat)
- Uniformly applied problem solving model sensitive to and accountable to neighborhood level stakeholders.

Objectives

- Formalized Community Input Through:
 - Community Forum
 - Community Police Advisory Boards
 - SFPD Foundation
 - Formalized Problem Solving Model
 - 5th Lieutenant at Each Station
 - Inspectors assigned to Each Station
 - Community Outreach Unit
 - Real Time Analysis of Public Safety Activity
- Compstat

Deployment

- Implementation Station (Ingleside)
 - Implemented PERF and “Best Practices” recommendations
 - ✓ Formalized Problem Solving Model and Uni
 - ✓ Crime Analysis
 - ✓ Community Advisory Board
 - ✓ Dedicated management (5th Lieutenant)
- Department-Wide Implementation Tin
 - November 2009

Police Officer's Role

- Active Patrol (Deterrent and Response)
 - Sector (vehicle)
 - Beat (Foot and Bicycle)
 - Investigations
- Discretionary
 - Community Interaction Through:
 - ✓ Problem Solving through a formalized model.
 - ✓ Participation in Community Meetings and Problem Solving projects
 - ✓ Liaison with Community Based Organizations

Conclusion

- Minimum Needs for Success:
 - Mitigate Attrition through Sound Budget and Staffing Plans;
 - Increase Civilianization of Support positions;
 - Institutionalized Community Policing Policies and Procedures;
 - Communication Outreach Strategy.
 - Formal Development of Community Input through Advisory Boards and Forums.

SAN FRANCISCO MENTAL HEALTH BOARD



Mayor
Gavin Newsom

1380 Howard Street, Suite 510
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mentalhealthboardsf.org
www.mentalhealthboardsf.org
www.sfgov.org/mental_health

The **Mental Health Board** meeting scheduled for
November 11, 2009
is

Changed to observe Veterans Holiday

The Board will meet Tuesday,
November 10, 2009,
6:30 – 8:30 PM
City Hall
One Carlton B. Goodlett Place
Room 278
San Francisco, CA

An agenda for the November meeting will be sent out at the
beginning of November.

11-08-09 10:15 AM

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Mental Health Board Annual Retreat

Saturday, December 5, 2009
Nikko Hotel
222 Mason Street
Bayview Room, 25th Floor
9:00 a.m. !! 4:00 p.m.

AGENDA

- 1.0 Getting to Know You Icebreaker
1.1 Public Comment
- 2.0 Board Accomplishments
2.1 Public Comment
- 3.0 Sunshine Video and Discussion
3.1 Public Comment

Break for Lunch 12:00 !! 1:00 pm

- 4.0 Goals for 2010, Part 1: General Brainstorming
4.1 Public Comment
- 5.0 Planning for 2010
5.1 Public Comment
- 6.0 Adjourn

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No votes will be taken on any items at the Retreat. All issues arising at the Retreat which require a vote of the Board will be placed on the agenda for the regular meeting of the Board on January 13, 2010. For further information, please call the office at 415-255-3474.

DISABILITY ACCESS

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Edwin Batongbacal at (415) 255-3446 (voice) or (415) 255-3449 (TTD). Five days notice before the meeting will help to ensure the presence of an ASL interpreter or sound enhancement system. Large print copies of the agenda will be made available upon request; please call (415) 255-3474.
2. The Retreat is held at the Nikko Hotel, 222 Mason Street, Bayview Room, 25th Floor, San Francisco. The closest accessible BART station is the Powell Street station, at the intersection of Powell and Market Streets. Also, the J, K, L, M, and N lines underground. For more information or updates about the current status of MUNI accessible services, call (415) 923-6142. For information about Paratransit Services call (415) 351-7000.
3. Special Hearings are held at the Department of Public Health, 101 Grove Street, 3rd Floor, Room 300. The same public transportation options as above apply. It is wheelchair accessible.
3. The Nikko is accessible to wheelchairs. Elevators, doorways, restrooms, and the meeting room are

wheelchair accessible.

4. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

POLICY ON CELL PHONE, PAGERS, AND ELECTRONIC DEVICES

The ringing of and use of cell phones, pagers, and similar sound-producing electronic devices are prohibited at this meeting. Please be advised that the Chair may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phone, pager, or other similar sound-producing electronic devices.

KNOW YOUR RIGHTS UNDER THE SUNSHINE ORDINANCE

Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact:

Frank Darby
Sunshine Ordinance Task Force
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689
Telephone: (415)554-7724
Fax: 4(15) 554-5163
E-mail: sotf@sfgov.org

Citizens interested in obtaining a free copy of the Sunshine Ordinance can request one from Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code from the internet at:
www.sfgov.org/sunshine.htm

To view Mental Health Board agendas and minutes, you may visit the MHB web page at:
www.sfgov.org/mental_health. You may also go to the Government Information Center at the Main Library at Larkin and Grove in the Civic Center. You may also get copies of these documents through the MHB office at 255-3474.

Lobbyist Registration and Reporting Requirements

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; web site www.sfgov.org/ethics

SAN FRANCISCO MENTAL HEALTH BOARD



Gavin Newsom
Mayor

1380 Howard Street, 2nd Floor
San Francisco, CA 94103
(415) 255-3474 fax: 255-3760
mhb@mhsf.org
www.mhsf.org
www.sfgov.org/mental_health

RETREAT MEETING NOTES

Mental Health Board
Saturday, December 5, 2009
Hotel Nikko
222 Mason Street, San Francisco
9 a.m. – 4 p.m.

*SL
12/9
trust
meeting
notes*

BOARD MEMBERS PRESENT: James L. McGhee, Chair; James Shaye Keys, Secretary; M. Lara Siazon Arguelles; Mary Ann Jones, PhD; LaVaughn Kellum King; Susan McIntyre; Tom Purvis; Njoroge Tho-Biaz, M.A.; Errol Wishom; Iviana Williams; Lisa Williams and Virginia Wright.

BOARD MEMBERS ON LEAVE:

BOARD MEMBERS ABSENT: Officer Kelly Dunn

OTHERS PRESENT: Helynna Brooke (MHB Executive Director); Loy M. Proffitt (MHB Administrator).

CALL TO ORDER

The meeting was called to order at 9:00 a.m. by James L. McGhee (Chair)

ROLL CALL

Ms. Brooke called the roll.

AGENDA CHANGES

No changes were made.

1.0 GETTING TO KNOW YOU ICEBREAKER

Mr. Keys facilitated the Icebreaker by using a bingo game to encourage the board members to interact and get to know each other.

1.1 Public Comment

No public comments.

2.0 BOARD ACCOMPLISHMENTS

PRESENTATIONS TO THE BOARD

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- Community Behavior Health Services Access Program, Craig Murdock, Director
- Impact of Trauma and Stress on Physical Health, Nadine Burke, M.D., M.P.H., Bayview Child Health Center, California Pacific Medical Center.
- PUBLIC HEARING: Three-Year Program and Expenditure Plan for the Capital Facilities Component Proposal.
- Community Behavioral Health Services Budget Process, Barbara Garcia, Director of Community Programs, Deputy Director of Health
- National Alliance on Mental Illness, San Francisco, Gifford Boyce-Smith, MD
- Community Behavioral Health Services Medical Director Presentation by Aaron Chapman, MD, Medical Director.
- Prevention and Recovery in Early Psychosis Project-- a collaboration of Family Service Agency, University of California, San Francisco and the Mental Health Association of San Francisco (MHASF); Belinda Lyons, Executive Director MHASF; Bob Bennett, CEO, Family Service Agency of San Francisco; Rachel Loewy, PhD, UCSF Department of Psychiatry.
- Integration Of Primary Care and Behavioral Health Care: Mitch Katz, MD, Director, DPH
- Gender Appropriate Behavioral Health Services, Sarah Accomazzo, MHB Special Projects Coordinator.
- San Francisco Police Department Reorganization And 2010 Vision, Assistant Chief Jim Lynch

RESOLUTIONS/COMMENDATIONS

- Budget Resolution
- SE Senior Services
- Commendation for Claudia Lebish
- Commendation for Conard House
- Commendation for Carolyn Kaufman

SUPERVISORS BOARD MEMBERS MET WITH IN THE PAST YEAR

- Sophie Maxwell: Bridgett Brown
- David Chui: James L. McGhee and James Keys
- Chris Daly: James Keys
- John Avalos: James Keys
- Bevan Dufty: James Keys

PROGRAM REVIEWS

- The Avenues: James Keys

- Transitional Age Youth: Mary Ann Jones, PhD
- OMI Family Center: Lara Arguelles
- Walden House: Tom Purvis/Susan McIntyre
- Tenderloin Outpatient: Errol Wishom
- Next Door: Errol Wishom
- Westside Outpatient: Njoroge Tho-Biaz
- Westside ACT: Njoroge Tho-Biaz
- Shrader House: Kelly Dunn
- Bayview Mental Health: Lisa Williams/LaVaughn Kellum King

INDIVIDUAL BOARD MEMBERS ACTIVITIES

- James McGhee, James Keys, Lisa Williams, Virginia Wright, Kelly Dunn, Lara Arguelles, Susan McIntyre, Mary Ann Jones, PhD, and Tom Purvis attended the Regional Mental Health Board training
- James McGhee was re-elected President of the CALMHB Board
- James Keys was honored for his Advocacy Work by the Mental Health Association
- Bridgett Brown, LaVaughn Kellum King, and Kevin Hines were panelists for Police Crisis Intervention Trainings.
- LaVaughn Kellum King co-chaired the Community Wellness Partners group in the Southeast Sector
- Lara Arguelles started an organization to assist the families of parolees.
- Lisa Williams worked with Mission/Western Addition linking communities

WELCOME TO NEW BOARD MEMBERS SINCE LAST RETREAT

- Mary Ann Jones, PhD was appointed by the Board of Supervisors to a Mental Health Professional Seat.
- Susan McIntyre was appointed to a Consumer Seat by Supervisor Elsbernd.
- Errol Wishom was appointed to a Consumer Seat by the Board of Supervisors.
- Iviana Williams was appointed by Supervisor John Avalos to a Consumer seat.

WHAT PROGRESS HAS BEEN MADE TOWARD THE 2009 GOALS WE SET AT THE LAST RETREAT?

Goal #1: Further investigate mental health services and advocate for increased funds in the Southeast sector, and present findings to relevant stakeholders and policymakers for the City and County of San Francisco.

- Presentation to the Board by Nadine Burke, MD

- Organization of Community Wellness Partners
- Funding of Grant Writer for Southeast Sector

Goal #2: Outreach to community organizations such as the National Alliance on Mental Illness (NAMI), In Your Own Voice, to youth organizations, the media, newspapers, and blogs. Attend community meetings. Outreach to encourage people to seek mental health careers and participate in the Workforce, Development and Education Plan.

- Presentation by NAMI
- Joint Hearing Committee with NAMI

Goal #3: Investigate elderly issues like suicide prevention, socio-economic concerns, general safety, timely access to medical services and advocate for mental health services for the elderly.

- Presentation by SE Geriatric Services and Charles Rivera with CBHS
- Influenced increase in Senior PEI funds from \$50K to \$300K
- Supervisors Avalos and Campos took the MHB SE Senior Resolution to the Board of Supervisors and it passed.

Goal #4: Investigate mental health issues for veterans, including women veterans, through research and communications to advocate and collaborate with current stakeholders.

- Errol Wishom and Kelly Dunn attended a conference on Veterans' Issues in Sacramento.

2.1 Public Comment

No public comments.

3.0 SUNSHINE VIDEO AND DISCUSSION ON "RULES OF CONDUCT FOR PUBLIC OFFICIALS 2008."

3.1 Public Comment

No public comments.

4.0 GOALS FOR 2010, PART 1: GENERAL BRAINSTORMING

Presentation and discussion by Erika Carlsen, Coro Fellow on Women and Girls in the Southeast Sector. The power point is attached to the end of these notes.

ACTIVITIES CARRYING OVER TO 2010 AND NEW IDEAS

- Wellness and Recovery
- Holistic Healing
- Women and Girls Mental Health Needs in the Southeast Sector
- Sheriff, Public Defender, District Attorney
- Caregiver support and support for people doing this critical work. How are hospice workers supported?

- What does the Critical Incident Response team do? How does CBHS respond to community members? What about the safety of the people doing the work?
- Transitioning of people who are incarcerated and trying to obtain employment. What support is available?

4.1 Public Comment

No public comments.

5.0 PLANNING FOR 2010

GOAL #1 - 2010

- Identify resources and funding sources for Southeast Sector and Western Addition and develop collaborations between the two communities
- Objectives: public hearings in each community, Coro or volunteer support, develop key resolutions regarding how women and girls issues are addressed. Contact Women's funding Network (WFN), Sandra Hernandez at SF Foundation, Gladys Stature at the Women's Foundation

GOAL #2 - 2010

- Outreach to community to educate about mental health issues and needs and resources, and increase awareness of the advocacy and policy development roles of the Mental Health Board
- Objectives: utilize media, newspapers, and blogs. Attend community meetings. Public hearings, site visits, develop key resolutions
- Plan mental health awards reception and PCIT 10 year anniversary celebration

GOAL #3 - 2010

- Investigate impact of budget cuts on vulnerable populations impacted by mental illness
- Objectives: Look at cuts from In home supportive services, caregiver issues, meals on wheels, multi purpose senior service programs, Linkages Program, Senior LGBT community, impact of MUNI cuts on ability to get to services

GOAL #4 - 2010

- Investigate mental health issues for veterans, including women veterans.
- Objectives: Research and communications and advocate and collaborate with current stakeholders

5.1 Public Comment

No public comments.

6.0 Adjournment

Meeting adjourned at 4:15 PM.

Voices from the Southeast Sector Needs Assessment of Services for Women and Girls



**ERIKA O. CARLSEN
CORO FELLOW**

SAN FRANCISCO MENTAL HEALTH BOARD

**GENDER APPROPRIATE BEHAVIORAL HEALTH
SERVICES FOR WOMEN AND GIRLS
(GABHS FOR GALS)**

Agenda



- Introductions
- Background Information
- Best Practices
- Needs of Women and Girls
- Activity
- Question and Answer

Background Information



Coro

San Francisco Mental Health Education Funds

- Staffing and operating the Mental Health Board

GABHS for Gals

- Gender Appropriate Behavioral Health Services for Wc and Girls

My Project



- Work with GABHS for Gals to conduct a needs assessment of services for women and girls in the Southeast sector
 - Funders
 - Best practices
 - Needs
 - Addressing Safety
- Contacted and met with over 24 organizations

List of Organizations



3rd Street Youth Center and Clinic	Healing Circle
African American Community Health Equity Council	Hunter's Point Family: Girls 2000
Balboa Teen Health Center	Joshua Marie Cameron Academy
Bayview Adult Mental Health Center	Lazarus House
Bayview Hunter's Point YMCA	Polly's Support Center
Boys and Girls Club SF	Potrero Hill Neighborhood House
Boys and Girls Club SF	Samoan Community Development Ce
3VHP Foundation for Community Improvement	Sojourner Truth Foster Care
Children's System of Care	South East Mission Geriatric Services
Family Mosaic Project	Southeast Career Link
Family Restoration House	Southeast Child and Family Therapy
Florence Crittenton Services	Visitacion Valley Community Develop Corporation

Best Practices



- Building trust
- Providing stability
- Fostering self-confidence and self-esteem
- Girls' groups
 - P.H.A.T. and G.I.R.L.S.

Best Practices



- Peer Mentorship
- Unconditional Care Model
- Individual and group therapy
- Meeting clients where they are

Needs



- Low-self esteem
- Anxiety Disorders
- PTSD and on-going stress
- Depression and hopelessness

Needs



Constantly feeling unsafe

Division of families and absent parents

Caregiver Stress

Youth in foster care

Needs



- Sexual abuse and sexual exploitation
- Abusive relationships
- Substance abuse
- Foster children and homelessness

Needs



- Culturally-specific and culturally competent se
- Access to affordable and/or free childcare
- Education around menstruation, sexual identiti sexual health
- Transportation challenges
- Stigma surrounding mental health

Activity



- How does this relate to the situation for women and girls in the southeast sector?

Reflection and Q&A



- Reflection on my experience
- Question and Answer session





SAN FRANCISCO MENTAL HEALTH BOARD

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Mayor

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THE MENTAL HEALTH BOARD MEETING

FOR

WEDNESDAY, DECEMBER 9, 2009

IS CANCELED

The Mental Health Board will be holding its Annual Retreat on Saturday, December 5, 2009 from 9:00 am – 4:00 pm. The agenda will be posted on the www.sfgov.org/mental_health web site, and at the San Francisco Public Library, and the Board of Supervisors.

No final votes will be taken by the Board at the Retreat. Any proposals or resolutions developed by the Board during the Retreat will be placed on the agenda for public comment and to be voted on at its next regular meeting on Wednesday, January 13, 2010 at 6:30 pm, City Hall, Room 278.

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